Mortality Surveillance Study

Sample Manifest for Blood Specimen

Facility name: _____ **Date**:_____

S.No	Blood Specimen ID	Date Collected (DD/MM/YY)	Time Received at CRC lab (HH/MM)	Samples Labelled Well (Yes/No)	Samples Correctly packaged Yes/No	Quality Code (s)	CRC lab staff receiving or Rejecting samples (initials)	Comments

Quality Codes:

1) Acceptable – No Rejection
2) Broken/cracked/open container
3) Haemolysis
4) Leaking container
5) Insufficient blood
6) Clotting
7) Incorrectly labelled/unlabelled
8) Specimen lost
9) Specimen mix-up
10) Others (specify)

v 16.08.18