



KEMRI-WELLCOME TRUST RESEARCH LABORATORIES	
DOCUMENT TITLE: COVID19 HDSS serosurveys - Sample collection Log Sheet	
REF NO: QMS-FXX	PAGE: 1 of 1

Study location e.g. KLF/NRB/KSM: _____ *Instructions: This log should be completed with details of ALL blood samples collected from the HDSS Locations*

Row #	Study site ID no.	Date collected (dd/mm/yy)	Collection time (hh:mm) 24 hr	Participant's approximate date of birth (dd/mm/yy) (fill xx where day or month unknown)	Participants's residence location	Remarks/ comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Collected from (Survey staff) Initials: _____ Signature: _____ Date: ____/____/____

Collected by (Research staff) Initials: _____ Signature: _____ Date: ____/____/____ (Sign at time of collection)

Received by (Laboratory staff) Initials: _____ Signature: _____ Date: ____/____/____