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| **Form 3-5: Dried Blood Spot Tracking Form** | | | | | |
| **T1. Interviewer**  **Name:**  **Code:**  **Tablet Code:** | | **T2. Supervisor**  **Name:**  **Code:** | | **T3. District Name**  **District CODE:** | |
| **T4. Date Arrived at Site:** | | **SITE NAME:** | | **SITE ID:** | |
| **Name of Lab:** | | **Name of Contact at Lab:** | | **Call PHONE CONTACT:** | |
| **Instructions:**   * After dried blood spots are dried and packaged appropriately, they should be sent to the lab on a daily basis. * After dispatching the samples, the lab should be contacted to ensure receipt of the samples. | | | | | |
| **STICKER** | **DATE COLLECTED** | | **DATE SENT TO LAB** | | **DATE RECEIVED BY LAB** |
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