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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.
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| **STICKER**  | **DATE COLLECTED**  | **DATE SENT TO LAB** | **DATE RECEIVED BY LAB** |
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