Study number				Date sample collected	

CASE REPORT FORM

Primary Investigator: Dr Simon Arunga

Name of site:

	Masaka Regional Referral Hospital
	Mengo Hospital
	Mbarara University and Referral Hospital Eye Centre
	Ruharo Mission Hospital

CRF Version Number: 2.0

CRF Completion Instructions

General

Ensure that the header information (ID number) is completed consistently throughout the CRF.

Complete all **dates** as day, month, and year i.e., 13/NOV/2008. Partial dates should be recorded as NK/NOV/2008

Each CRF should be signed and dated by the person completing the form.

Corrections to entries

If an error is made draw a single line through the item, then write the correct entry on an appropriate blank space near the original data point on the CRF and initial and date the change.

Do NOT

- Obscure the original entry by scribbling it out.
- Try to correct/ modify the original entry.
- Use Tippex or correction fluid.

Storage

The CRF documents should be stored in a locked, secure area when not in use where confidentiality can be maintained. Ensure that they are separate from any other documents that might reveal the identity of the subject.

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BASELINE DEMOGRAPHIC DATA ENTRY FORM

Question	Response options	Response
1. Study Number		
2. Hospital Number		
3. Surname		
4. First name		
5. District	District where the patient currently lives, not where they come from.	
6. Age (years)	Indicate reported age in years	
7. Sex	1 = Male 2 = Female	
8. Duration of eye illness	Indicate in number of days	
9. Presenting Visual acuity (In Snellen)	Right Eye	
	Left Eye	
10. Affected Eye	1=Right 2=Left 3=Both	
11. History of use of TEM	0 = No 1 = Yes	
12. History of Trauma	0 = No 1 = Yes	
13. Clinical diagnosis	1=Bacterial 2=Fungal 3=Viral 4 =Acanthamoeba 5 =Not sure 6 = Other, please specify	
14. Clinician	Name of the examining clinician	

Study number					Date sample collected	

CORNEAL SAMPLES COLLECTED

Test	Results	Put answer here
Gram	0. No 1. Yes	
Potassium Hydroxide	0. No 1. Yes	
Calcofluor white +KOH	0. No 1. Yes	
LAMP Test	0. No 1. Yes	
PCR	0. No 1. Yes	
Blood Agar	0. No 1. Yes	
Sabourands Agar	0. No 1. Yes	
Chocolate Agar	0. No 1. Yes	
Brain Heart Infusion	0. No 1. Yes	

In vivo confocal microscopy **(This applies to MURHEC only)**	1. Fungus 2. Acanthamoeba 3. Inconclusive 4. Poor scan 5. Nothing significant seen 6. Not done	

Reasons if no sample was collected: (Only fill this one if you have not collected ANY samples from the patient).

Reason no sample was collected for laboratory diagnosis	1. Perforated cornea 2. Impending perforation 3. Uncooperative patient 4. Deep infiltrate 5. No consumables 6. Small ulcer	

Sample collected by: ……

Date of sample collection: ……

Time of sample collection: …… AM / PM (circle what is applicable)

Study number					Date sample collected	

SAMPLE RESULTS FORM

Sample Received in the laboratory by: ……..

Date of sample delivery to the laboratory: ……

Time of sample delivery to the laboratory: …… AM / PM (circle what is applicable)

Test	Results	Fill answer here
Gram	0. Not done 1. Nothing significant seen 2. Gram-positive cocci 3. Gram-negative bacilli 4. Gram-negative cocci 5. Fungal Hyphae 6. Yeast cells 7. Other: Specify	
Potassium Hydroxide	0. Not done 1. Fungal hyphae 2. Acanthamoeba spp 3. Nothing significant seen 4. Other/Comments:	
Calcofluor white +KOH	0. Not done 1. Nothing significant seen 2. Fungal hyphae 3. Yeasts 4. Acanthamoeba spp 5. Other/Comments	
Smartphone microscopy (DIPPLE):	0. Not done 1. Gram-positive cocci 2. Gram-negative bacilli 3. Gram-negative cocci 4. Fungal Hyphae 5. Yeast cells 6. Nothing significant seen 7. Other: Specify	
LAMP Test	0. Not done 1. Positive for fungus 2. Negative for fungus	
Blood Agar	*0.* Not done *1.* No growth *2.* Bacterial *3.* Fungal *4.* Mixed (bacterial + fungal)	

Study number					Date sample collected	

Sabourands Agar	0. Not done 1. No growth 2. Fungal	
Chocolate Agar	*0.* Not done *1.* No growth *2.* Bacterial *3.* Fungal *4.* Mixed (bacterial + fungal)	
Brain Heart Infusion	*0.* Not done *1.* No growth *2.* Bacterial *3.* Fungal *4.* Mixed (bacterial + fungal)	

Sample examined in the laboratory by: ……

Date of sample examination: …….....

Time of sample examination: …… AM / PM (circle what is applicable)

Received in the eye clinic by: ……

Date results received in the eye clinic: ……

Time results were received in the eye clinic.....AM / PM (circle what is applicable)

Study number					Date sample collected	

Examiner ID: ……...

Date of examination: ……..

Time of examination of the samples: ……

Test	Results	Fill answer here
Gram	0. Not done 1. Nothing significant seen 2. Gram-positive cocci 3. Gram-negative bacilli 4. Gram-negative cocci 5. Fungal Hyphae 6. Yeast cells 7. Other: Specify	
Potassium Hydroxide	0. Not done 1. Fungal hyphae 2. Acanthamoeba spp 3. Nothing significant seen 4. Other/Comments:	
Calcofluor white +KOH	0. Not done 1. Nothing significant seen 2. Fungal hyphae 3. Yeasts 4. Acanthamoeba spp 5. Other/Comments	
Smartphone microscopy (DIPPLE):	0. Not done 1. Gram-positive cocci 2. Gram-negative bacilli 3. Gram-negative cocci 4. Fungal Hyphae 5. Yeast cells 6. Nothing significant seen 7. Other: Specify	

Study number					Date sample collected	

Examiner ID: ……...

Date of examination: ……..

Time of examination of the samples: ……

Test	Results	Fill answer here
Gram	0. Not done 1. Nothing significant seen 2. Gram-positive cocci 3. Gram-negative bacilli 4. Gram-negative cocci 5. Fungal Hyphae 6. Yeast cells 7. Other: Specify	
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Calcofluor white +KOH	0. Not done 1. Nothing significant seen 2. Fungal hyphae 3. Yeasts 4. Acanthamoeba spp 5. Other/Comments	
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Study number					Date sample collected	

Examiner ID: ……...

Date of examination: ……..

Time of examination of the samples: ……

Test	Results	Fill answer here
Gram	0. Not done 1. Nothing significant seen 2. Gram-positive cocci 3. Gram-negative bacilli 4. Gram-negative cocci 5. Fungal Hyphae 6. Yeast cells 7. Other: Specify	
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