

Infant's surname _____
 Infant's first name _____
 Name of Hospital _____

ELFIN study number

MAGPIE number

MAGPIE daily log - use this form alongside ELFIN Form 2: daily dosing.

Please tick as you collect and freeze each sample to ensure all samples (2 urine and 1 stool daily) are collected.

Place samples in a local specimen bag **labelled inside with a local patient sticker and the date** - then **please freeze** as soon as possible in unit MAGPIE freezer. **Keep form by bedside.**

	Date DD/MM/YY	Stool sample	Urine sample (1)	Urine sample (2)	Antibiotic or antifungal (name) (oral or i.v NOT topical, but including i.v prophylactic fluconazole please)
EX	07-02-14	√	√	√	Penicillin, Gentamicin, Fluconazole
EX	09-02-14	None	√	√	None
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This form stays in site file with the MAGPIE consent form. Please photocopy and send on to CI.

