**

**Ministry of Health,**

**Malaria Reference Laboratory,**

**P.O BOX, 20750-00202,**

**Nairobi.**

**SAMPLE SUBMISSION FORM.**

**County:…………..…Sub county:……………… Facility ……………………….**

**Date of submission…………………….…Time……………………………………**

**Name of officer…………………………. Contact …………………………………**

**Date received; …………………………… Time ……………………………………**

**Type of sample;**  1. Routine 2. Outbreak 3. Quality Assurance

**Test Requested;**  1. mRDT 2. Microcopy 3. PCR 4. Malaria Culture

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| **Sample ID** | **Date of Collection** | **Comments** |
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