

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: 2. Current Clinic: **SITE**
- ID**
3. Patient's Letter Code: **INITS** 4. Visit: **M** - **SEQNO**
- VISIT** sequence #
5. Date Form Started: - - **VIS_DT**
- Month Day Year

PART II: IMMUNIZATIONS and IMMUNOLOGIC REACTIVITY TESTING

1. Date of birth: - - **DOB_IMMU**
- Month Day Year
2. 0-2 weeks vaccination: sequence
in series - - (1) N/D (2) N/A
- Month Day Year
- HB2WSEQ** **HB2WDT** **HB2WND**
3. 6-weeks to 2-months of age vaccinations: sequence
in series - - (1) N/D (2) N/A
- Month Day Year
- DT6WSEQ** **DT6WDT** **DT6WND**
- A. DTaP
- B. Hib (Hemophilus influenza B: PRP-D, HbOC, PRP-OMP, PRP-T) - - (1) N/D (2) N/A
- HO6WSEQ** **HO6WDT** **HO6WND**
- C. IPV - - (1) N/D (2) N/A
- OP6WSEQ** **OP6WDT** **OP6WND**
- D. Pneumo-conjugate (PCV 7) - - (1) N/D (2) N/A
- PN6WSEQ** **PN6WDT** **PN6WND**
- E. Hep B - - (1) N/D (2) N/A
- HB6WSEQ** **HB6WDT** **HB6WND**
4. 4-months of age vaccinations: sequence
in series - - (1) N/D (2) N/A
- Month Day Year
- DT4MSEQ** **DT4MDT** **DT4MND**
- A. DTaP
- B. Hib - - (1) N/D (2) N/A
- HO4MSEQ** **HO4MDT** **HO4MND**
- C. IPV - - (1) N/D (2) N/A
- OP4MSEQ** **OP4MDT** **OP4MND**
- D. Pneumo-conjugate (PCV 7) - - (1) N/D (2) N/A
- PN4MSEQ** **PN4MDT** **PN4MND**

5. 6-months of age vaccinations:

A. DTaP sequence in series Month Day Year (1) N/D (2) N/A
 DT6MSEQ DT6MDT DT6MND

B. Hib sequence in series Month Day Year (1) N/D (2) N/A
 HO6MSEQ HO6MDT HO6MND

HO6MND

C. Pneumo-conjugate (PCV 7) sequence in series Month Day Year (1) N/D (2) N/A
 PN6MSEQ PN6MDT PN6MND

6. 6-18 months of age vaccinations:

A. DTaP sequence in series Month Day Year (1) N/D (2) N/A
 DT12MSEQ DT12MDT DT12MND

B. Hib sequence in series Month Day Year (1) N/D (2) N/A
 HO12MSEQ HO12MDT HO12MND

C. IPV sequence in series Month Day Year (1) N/D (2) N/A
 OP12MSEQ OP12MDT OP12MND

D. Pneumo-conjugate (PCV 7) sequence in series Month Day Year (1) N/D (2) N/A
 PN12MSEQ PN12MDT PN12MND

E. Hep B sequence in series Month Day Year (1) N/D (2) N/A
 HB12MSQ1 HB12MDT1 HB12MND1

HB12MND1

F. MMR sequence in series Month Day Year (1) N/D (2) N/A
 MM12MSEQ MM12MDT MM12MND

G. Varicella sequence in series Month Day Year (1) N/D (2) N/A
 VR12MSEQ VR12MDT VR12MND

7. Yearly influenza vaccines

A. Month Day Year INFLU1

B. Month Day Year INFLU2

C. Month Day Year INFLU3

D. Month Day Year INFLU4

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IMMUNOLOGIC REACTIVITY TESTING SPECIMEN COLLECTION

8. Study Entry (Pre-treatment)

- A. Serum Opsonophagocytic + pneumococcal antibody **OPBLDT** - - (1) N/D **OPBLND**
- B. Tube label (3.0 cc in red tube) **OPBLBL**
- C. Naive and memory CD4/CD8 **CD4BLDT** - - (1) N/D **CD4BLND**
- D. Tube label (0.5 cc in purple tube) **CD4BLLBL**

9. 2-6 weeks after MMR vaccination (regardless of age):

- A. Antibody to MMR **MMA12MDT** - - (1) N/D **MMA12MND**
- B. Tube label (1.2 cc in red tube) **MMA12MLB**

10. 23-month-of-age blood samples: **PCAB2YDT**

- A. Antibody response to pneumo 23 - - (1) N/D **PCAB2YND**
- B. Tube label (3.0 cc in red tube) **PCAB2YLB**
- C. Antibody response to MMR **MMA2YDT** - - (1) N/D **MMA2YND**
- D. Tube label (1.2 cc in red tube) **MMA2YLBL**
- E. Naive and memory CD4/CD8 **CD42YDT** - - (1) N/D **CD42YND**
- F. Tube label (0.5 cc in purple tube) **CD42YLBL**

IMMUNIZATION RECORD

11. 24-month-of-age vaccination: **sequence in series**
- A. Pneumo 23 (23 PS) - - (1) N/D **PN2YSEQ** **PN2YDT** **PN2YND**

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IMMUNOLOGIC REACTIVITY TESTING SPECIMEN COLLECTION

12. 2-8 weeks after 24-month of age vaccinations:

- A. Serum Opsonophagocytic + pneumococcal antibody **OC2YDT** - - (1) N/D **OC2YND**
- B. Tube label (3.0 cc in red tube) **OC2YLBL**

IMMUNOLOGIC REACTIVITY TESTING SPECIMEN COLLECTION

13. Study Exit:

- A. Serum Opsonophagocytic + pneumococcal antibody **OCAEOSDT** - - (1) N/D **OCAEOSND**
- B. Tube label (3.0 cc in red tube) **OCAEOSLB**
- C. Antibody response to MMR **MMAEOSDT** - - (1) N/D **MMAEOSND**
- D. Tube label (1.2 cc in red tube) **MMAEOSLB**
- E. Naive and memory CD4/CD8 cells: **CD4EDSDT** - - (1) N/D **CD4EDSND**
- F. Tube label (0.5 cc in purple tube) **CD4EDSLB**

PART III: COORDINATION

1. Checked for completeness and accuracy:

- A. Certification number: - **CERT_NO**
- B. Signature: _____ **CERT_SIG**
- C. General Comments: **GEN_CMNT**

ID Number

Visit - Seq