

Patient Name: \_\_\_\_\_

Patient Age: |\_\_| |\_\_| . |\_\_|

Years

Months

Patient Sex: Male  Female

### FORM HIFM1 - MALARIA THIN PARASITE SMEAR TEST RESULTS

Date of Test: |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_| |\_\_| or Not Done  \_\_\_\_\_  
Day Month Year

**Complete the following items using the lab results from the thin malaria smear.**

a) Malaria Microscopy Result (if Positive, indicate all species observed):

Positive  1 → *P. falciparum*  1 *P. ovale*  1 *P. malarie*  1 *P. vivax*  1

Negative  2

Not Done  3

b) Parasite Count (Enter actual number): |\_\_| |\_\_| |\_\_| |\_\_| or Not Done  1  
Count/100 HPF

c) Reticulocyte Percentage: |\_\_| |\_\_| . |\_\_| % or Not Done  1

d) Photos Taken of Slide?

Yes  1

No  2

**Hospital ID**

(stick label here)

*Initials/Date*

Transcribed by: \_\_\_\_\_

Checked by: \_\_\_\_\_

**Subject ID**

(stick label here)

Top Copy: Affix Hospital ID label and Return to Study Office  
Bottom Copy: Retain by Lab

Form HIFM1 V22SEP2010 **FINAL**