LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

STOOL SAMPLE (STORAGE)

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

increase font size

SECTION 1: PATIENT INFORMATION

Particiant ID:

B 1 4 2 - 0 4 0 9 9 _ _ _ _ - _ - _ _

EDC Requisition ID(if required):

P. Initials **Gender** **Visit**

Date of Birth

dd / mm / yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY)

dd / mm / yyyy

Time Specimen Drawn hh : mm

Tube type Cryovials 1ml

SECTION 3: SITE INFORMATION

Site Code 0 0 4 0

Billing Code B H P 1 4 2

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

space up

Name and Initials of Clinician

SECTION 5: SITE REQUISITION INFORMATION

1. Number of stool vials collected: ☐

SECTION 6: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?

☐ Yes ☐ NO

(if Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?

☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)

☐ Technical problems at the lab(e.g. staff or equipment)

☐ Other Specify _____

3. Date assay performed

dd / mm / yyyy

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

VIRAL LOAD

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

Invalid form

SECTION 1: PATIENT INFORMATION

Particiant ID: B 1 4 2 - 0 4 0 9 9 - - -

EDC Requisition ID(if required):

P. Initials | Gender | Visit

Date of Birth: dd / mm / yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY): dd / mm / yyyy

Time Specimen Drawn: hh : mm

Tube type: EDTA 4.0 ml

SECTION 3: SITE INFORMATION

Site Code: 0 0 4 0

Billing Code: B H P 1 4 2

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

Name and Initials of Clinician

SECTION 6: SITE REQUISITION INFORMATION

LABORATORY USE ONLY

4. Number of vials of plasma stored

5. Comment

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?

☐ Yes ☐ NO

(If Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?

☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)

☐ Technical problems at the lab(e.g. staff or equipment)

☐ Other Specify _____

3. Date assay performed: dd / mm / yyyy

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

DNA PCR

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

increase font

SECTION 1: PATIENT INFORMATION

Particiant ID: B 1 4 2 - 0 4 0 9 9 _ _ _ _ - _ - _ _

EDC Requisition ID(if required):

P. Initials | Gender | Visit

Date of Birth: dd / mm / yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY): dd / mm / yyyy

Time Specimen Drawn: hh : mm

Tube type: ☐ EDTA 1ml ☐ DBS

SECTION 3: SITE INFORMATION

Site Code: 0 0 4 0

Billing Code: B H P 1 4 2

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

space it

Name and Initials of Clinician

SECTION 6: LABORATORY USE ONLY

4. Number of vials of plasma stored ☐

5. Comment _____

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?

☐ Yes ☐ NO

(If Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?

☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)

☐ Technical problems at the lab(e.g. staff or equipment)

☐ Other Specify _____

3. Date assay performed: dd / mm / yyyy

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

RECTAL
~~RECTILE~~ SWAB (STORAGE)

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

Increase font

SECTION 1: PATIENT INFORMATION

Particiant ID: B 1 4 2 - 0 4 0 9 9 - - -

EDC Requisition ID(if required):

P. Initials | Gender | Visit

Date of Birth: dd / mm / yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY): dd / mm / yyyy

Time Specimen Drawn: hh : mm

~~Tube type~~: SWAB

SECTION 3: SITE INFORMATION

Site Code: 0 0 4 0

Billing Code: B H P 1 4 2

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

Speak up

Name and initials of Clinician

SECTION 6: SITE REQUISITION INFORMATION

4. Number of ~~vials stored~~ swabs collected

5. Comment

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?

☐ Yes ☐ NO

(if Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?

☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)

☐ Technical problems at the lab(e.g. staff or equipment)

☐ Other Specify _____

3. Date assay performed: dd / mm / yyyy

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

PLASMA
~~INFANT PL~~ CYTOKINES

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

INCREASE font

SECTION 1: PATIENT INFORMATION

Particiant ID: B 1 4 2 - 0 4 0 9 9 - - -

EDC Requisition ID(if required):

P. Initials | Gender | Visit

Date of Birth: dd / mm / yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY): dd / mm / yyyy

Time Specimen Drawn: hh : mm

Tube type: EDTA 4ml

SECTION 3: SITE INFORMATION

Site Code: 0 0 4 0

Billing Code: B H P 1 4 2

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

SPACE UP

Name and Initials of Clinician

SECTION 6: ~~SITE REQUISITION INFORMATION~~ LABORATORY USE ONLY

4. Number of vials stored

5. Comment

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?

☐ Yes ☐ NO

(If Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?

☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)

☐ Technical problems at the lab(e.g. staff or equipment)

☐ Other Specify _____

3. Date assay performed: dd / mm / yyyy

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL

GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

CD4

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

Increase font

SECTION 1: PATIENT INFORMATION

Participant ID:
B142 - 04099 - ☐ - ~~☐☐~~

EDC Requisition ID(If required):

P. Initials ☐☐☐ Gender ☐ Visit ☐☐☐☐☐

Date of Birth
☐☐ / ☐☐ / ☐☐☐☐
dd mm yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY)
☐☐ / ☐☐ / ☐☐☐☐
dd mm yyyy

Time Specimen Drawn ☐☐ : ☐☐
hh mm

Tube type EDTA 4ml

SECTION 3: SITE INFORMATION

Site Code: 0040

Billing Code: BHP142

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

space up

Name and Initials of Clinician ☐☐☐

SECTION 6: ~~SITE REQUISITION INFORMATION~~ LABORATORY USE ONLY

4. Number of vials stored ☐
5. Comment ____________________

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?
☐ Yes ☐ NO
(If Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?
☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)
☐ Technical problems at the lab(e.g. staff or equipment)
☐ Other Specify ____________________

3. Date assay performed
☐☐ / ☐☐ / ☐☐☐☐
dd mm yyyy

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

F
CBC

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

Include Part

SECTION 1: PATIENT INFORMATION

Particiant ID: B 1 4 2 - 0 4 0 9 9 - - -

EDC Requisition ID(if required):

P. Initials | Gender | Visit

Date of Birth: dd / mm / yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY): dd / mm / yyyy

Time Specimen Drawn: hh : mm

Tube type: EDTA

SECTION 3: SITE INFORMATION

Site Code: 0 0 4 0

Billing Code: B H P 1 4 2

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

Name and Initials of Clinician

SECTION 6: ~~SITE REQUISITION INFORMATION~~ LABORATORY USE ONLY

4. Number of vials stored

5. Comment

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?

☐ Yes ☐ NO

(If Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?

☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)

☐ Technical problems at the lab(e.g. staff or equipment)

☐ Other Specify _____

3. Date assay performed: dd / mm / yyyy

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

LAB USE ONLY:
LID BARCODE

BOTSWANA HARVARD
HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

HEMATOLOGY

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00 PM MONDAY-FRIDAY.

SECTION 1: PATIENT INFORMATION

Particiant ID: B142-04099---

EDC Requisition ID(if required):

P. Initials | Gender | Visit

Date of Birth: dd / mm / yyyy

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY): dd / mm / yyyy

Time Specimen Drawn: hh : mm

Tube type

SECTION 3: SITE INFORMATION

Site Code: 0040

Billing Code: BHP142

SECTION 4: CLINICAL INFORMATION

Study Coordinator
Dr Kate Powis
Phone: 76485309/ 3907619
BHP142 FLOURISH STUDY
Botswana- Harvard Partnership

Name and Initials of Clinician

SECTION 6: SITE REQUISITION INFORMATION

4. Number of vials stored

5. Comment

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

1. Sample Reference Number (if barcode not used)

2. Was Sample processed and stored?

☐ Yes ☐ NO

(If Yes, go to Question 3. If No complete question 2 then STOP)

3. If NO results, select PRIMARY reason results not obtained?

☐ Sample unsatisfatory to run test(e.g. volume, tube type, condition)

☐ Technical problems at the lab(e.g. staff or equipment)

☐ Other Specify _____

3. Date assay performed: dd / mm / yyyy

Stamp OR Initials of validating technician

Stamp OR Initials of lab technician