

LAB USE ONLY:
LID BARCODE

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.

SECTION 1: PATIENT INFORMATION

Participant 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 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 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 (the STOP)

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

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

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

☐ Other Specify

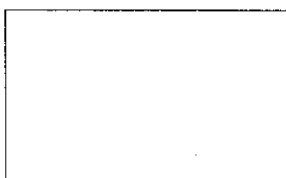
3. Date assay performed

/ /

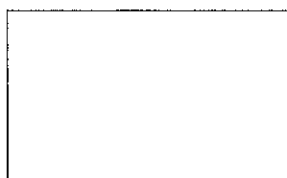
dd

mm

yyyy



Stamp OR Initials of validating technician



Stamp OR Initials of lab technician

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.

SECTION 1: PATIENT INFORMATION

Participant 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

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 unsatisfactory 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

BOTSWANA HARVARD
HIV REFERENCE LABORATORY
PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

LAB USE ONLY:
LID BARCODE

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.

SECTION 1: PATIENT INFORMATION

Participant 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 3ml
☐ 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 Powls

Phone: 76485309/ 3907619

BHP142 FLOURISH STUDY

Botswana-Harvard Partnership

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 unsatisfactory 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

/ /

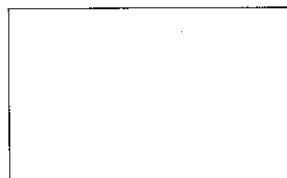
dd

mm

yyyy



Stamp OR Initials of validating technician



Stamp OR Initials of lab technician

**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.

SECTION 1: PATIENT INFORMATION

Participant 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 Powls

Phone: 76485309 / 3907619

BHP142 FLOURISH STUDY

Botswana- Harvard Partnership

Name and Initials of Clinician

SECTION 6: SITE REQUISITION INFORMATION

4. Number of ^{swabs collected} ~~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 unsatisfactory 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

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.

SECTION 1: PATIENT INFORMATION

Participant 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 (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 Powls

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 questions 2 then STOP)

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

☐ Sample unsatisfactory 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

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.

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

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 3 then STOP)

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

☐ Sample unsatisfactory 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

**BOTSWANA HARVARD
HIV REFERENCE LABORATORY**

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

LAB USE ONLY:
LID BARCODE

**TE
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.

SECTION 1: PATIENT INFORMATION

Participant 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 Powls

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 item STOP)

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

☐ Sample unsatisfactory 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

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

Participant 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

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 Powls

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 unsatisfactory 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