BOTSWANA HARVARD LAB USE ONLY: HIV REFERENCE LABORATORY LID BARCODE PRINCESS MARINA HOSPITAL

BHP142

HR965

PRINCESS MARINA HOSPITAL GABORONE, BOTSWANA * TEL 3902671 EXT2126

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 Particiant ID:	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) dd
dd mm / yyyy	SECTION 3: SITE INFORMATION Site Code Billing Code 0 0 4 0 BHP 1 4 2
SECTION 4: CLINICAL INFORMATION Study Coordinator	SECTION 5: SITE REQUISITION INFORMATION
Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership	Number of stool vials collected:
Name and Initials of Clinician	
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, up to Constitut 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) Tachnical problems at the lab(e.g. staff or equipment)	
Other Specify 4. Date assay performed dd	

Stamp OR Initials of validating technichian

BOTSWANA HARVARD HIV REFERENCE LABORATORY

BHP142

HR965

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

VIRAL LOAD

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE.

SECTION 1: PATIENT INFORMATION Particiant ID: 3 1 4 2 - 0 4 0 9 9	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
EDC Requisition ID(if required):	dd mm yyyy
EDC Requisition iD(if required):	Time Specimen Drawn Tube type
P. Initials Gender Visit	: EDTA 4.0 ml
P. Initials Gender Visit	hh mm
Date of Birth	/
Date of Birth	SECTION 3: SITE INFORMATION
dd mm yyyy	Site Code Billing Code
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0040 0142
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``	<i></i>
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis	
Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY	4. Number of vials of plasma stored
Botswana- Harvard Partnership	5. Comment
	1
Name and Initials of Clinician SECTION 6: LABORATORY USE ONLY	\
	<u> </u>
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician)	
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used)	
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?	
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	
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 No, pio Question 3. If the complete question 2 fleet \$97.0P) 3. If NO results, select PRIMARY reason results not obtained?	
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	
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	
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	
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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	
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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	
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	

Stamp OR Initials of lab technichian

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

DNA PCR

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE.

SECTION 1: PATIENT INFORMATION Particiant ID:	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
31142 - 014099	
DC Requisition ID(if required):	dd mm yyyy
	Time Specimen Drawn Tube type
P. Initials Gender Visit	
	hh mm EDTA 1ml DBS
Date of Birth	/
	SECTION 3: SITE INFORMATION Site Code Billing Code
dd mm yyyy	0 0 4 0 BHP 1 4 2
	×
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis	4 Number of viole of planes started
Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY	4. Number of vials of plasma stored
Botswana- Harvard Partnership	5. Comment
Name and Initials of Clinician	<u> </u>
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?	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (f Yes, go to Cuestion 3. # No complete question 2 then ST(DF)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes (I be, go to Cuestion 3. If No complete question 2 than STOP)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO If No, pio Ouestin 3. If No complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained?	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes No (if two par Location 3. # No complete question 2 than \$510P) 3. If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition)	
to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (8 Vex. go to Cuestion 3. # No complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained? Sample unsattisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify	
to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (8 Vex. go to Cuestion 3. # No complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained? Sample unsattisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify	
to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (8 Vex. go to Cuestion 3. # No complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained? Sample unsattisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by laboratory technician) . Sample Reference Number (if barcode not used) . Was Sample processed and stored? Yes	

Stamp OR Initials of lab technichian

Stamp OR Initials of validating technichian

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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PRINCESS MARINA HOSPITAL GABORONE, BOTSWANA * TEL 3902671 EXT2126

RECTAI SWAB (STORAGE)

SECTION 1: PATIENT INFORMATION	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
Particiant ID:	
B 1 4 2 - 0 4 0 9 9	dd mm yyyy
EDC Requisition ID(if required):	Time Specimen Drawn
	: SWAB
P. Initials Gender Visit	hh mm
Date of Birth	
Date of Birth	SECTION 3: SITE INFORMATION
dd mm ywy	Site Code Billing Code
dd mm yyyy	
	``
SECTION 4: CLINICAL INFORMATION	SECTION 6: SITE REQUISITION INFORMATION
Study Coordinator Dr Kate Powis	
Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY	4. Number of swabs collected
Botswana- Harvard Partnership	5. Comment
Name and Initials of Clinician	
SECTION 6: LABORATORY USE ONLY	
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?	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes (I be, go to Question 3. If No complete question 2 then STOP)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO If No, po to Question 3. If the complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained?	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes \square NO (if Ne, po Duceston 3. 8 No complete question 2 than STOP)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (If the, go to Constito 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) Tachnical problems at the lab(e.g. staff or equipment)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(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 Cuestion 3. If No procepte question 2 than STOP) 3. If NO results, select PRIMARY reason results not obtained? Tachnical problems at the lab(e.g. staff or equipment) Other Specify	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (if their, pair to Justice 1, 18 the 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) Tachnical problems at the lab(e.g. staff or equipment)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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PLASMA CYTOKINES

SECTION 1: PATIENT INFORMATION	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
articiant ID:	//
C Requisition ID(if required):	dd mm yyyy
	Time Specimen Drawn Tube type
P. Initials Gender Visit	EDTA 1ml
	hh mm
Date of Birth	SECTION 3: SITE INFORMATION
/	Site Code Billing Code
dd mm yyyy	0040 BHP142
	×
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis	4 Number of violantand
Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY	4. Number of vials stored
Botswana- Harvard Partnership	5. Comment
Name and Initials of Clinician	\
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored?	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes \square NO (if Mex, go to Question 3. # No complete question 2 than STOP)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (If the, po to Question 3. If the complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained?	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (if let, par to Constitut 3. # No complete question 2 flows 5700?) 3. If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition)	
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO (if the, gate Counting 3. If No cresults, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment)	
(to be completed by liboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by liboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by lisboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by lisboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by lisboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by lisboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by lisboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	
(to be completed by lisboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes	

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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CD4

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS, COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
EDC Requisition ID(if required):	dd mm yyyy
	Time Specimen Drawn Tube type
P. Initials Gender Visit	EDTA 4ml
	hh mm
Date of Birth	SECTION 3: SITE INFORMATION
/ / /	Site Code Billing Code
dd mm yyyy	0040 BHP142
	<u> </u>
·	
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis	; ; ;
Phone: 76485309/ 3907619	4. Number of vials stored
BHP142 FLOURISH STUDY Botswana- Harvard Partnership	5. Comment
Name and Initials of Clinician	``
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored?	
Yes DO Ouestion 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)	
Sample unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment)	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed	
Tachnical problems at the lab(e.g. staff or equipment)	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed	
Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed	

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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PRINCESS MARINA HOSPITAL GABORONE, BOTSWANA * TEL 3902671 EXT2126

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FBC

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS, COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE

SECTION 1: PATIENT INFORMATION Particiant ID:	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
B 1 4 2 - 0 4 0 9 9	dd mm yyyy
EDC Requisition ID(if required):	Time Specimen Drawn Tube type
	EDTA
P. Initials Gender Visit	hhh mmm
	,
Date of Birth	SECTION 3: SITE INFORMATION
dd mm yyyy	Site Code Billing Code 0 0 4 0 B H P 1 4 2
уууу уууу	0040
	`
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619	Number of vials stored
BHP142 FLOURISH STUDY Botswana- Harvard Partnership	:
Botswana- narvard Partnership	5. Comment
	:
Name and Initials of Clinician SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician)	
SECTION 6: LABORATORY USE ONLY (to be completed by liboratory technician) 1. Sample Reference Number (if barcode not used)	
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	
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	
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	
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 \(\sum \) NO (if the go are Location 3. # the complete quarties 2 then \$T(0P)\$ 3. If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition)	
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 the, pire Outsetten 3.8 file complete question 2 files STOP) 3. If NO results, select PRIMARY reason results not obtained?	
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	
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	
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 Luestion 3. # No complete quarter 2 then \$TOP) 3. If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment)	
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	
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	
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	

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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GABORONE, BOTSWANA * TEL 3902671 EXT2126

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FASTING GLUCOSE

SECTION 3: SITE INFORMATION Site Code Billing Code 0 0 4 0 BHP1 4 2 SECTION 6: LABORATORY USE ONLY 4. Number of vials stored 5. Comment
4. Number of vials stored
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BOTSWANA HARVARD HIV REFERENCE LABORATORY

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GABORONE, BOTSWANA * TEL 3902671 EXT2126

SERUM STORAGE

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH A SAMPLE.

SECTION 1: PATIENT INFORMATION Particiant ID:	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
B 1 4 2 - 0 4 0 9 9	dd mm yyyy
EDC Requisition ID(if required):	Time Specimen Drawn Tube type
	: Red Top 4ml
P. Initials Gender Visit	hh mm
	,
Date of Birth	SECTION 3: SITE INFORMATION
	Site Code Billing Code
dd mm yyyy	0040 8HP142
^^	`
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619	4. Number of vials stored
BHP142 FLOURISH STUDY	:
Botswana- Harvard Partnership	5. Comment
Name and Initials of Clinician SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician)	\
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician)	\
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?	\
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 Joueston 3.8 No complete question 2 than STOP)	\
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 Joueston 3.8 No complete question 2 than STOP)	\
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 Joueston 3.8 No complete question 2 than STOP)	\
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 the, go to Question 3. If the complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained?	\
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 the gar per location 3. # No complete used on 2 floor 570P) 3. If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition)	\
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	\
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	
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 NO NO NO NO NO NO N	
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	
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	
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	

BOTSWANA HARVARD LAB USE ONLY: HIV REFERENCE LABORATORY LID BARCODE PRINCESS MARINA HOSPITAL

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PRINCESS MARINA HOSPITAL GABORONE, BOTSWANA * TEL 3902671 EXT2126

LEAD AND PLASMA STORAGE

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) dd
dd mm yyyy	Site Code Billing Code 0 0 4 0 B H P 1 4 2
SECTION 4: CLINICAL INFORMATION Study Coordinator	SECTION 6: LABORATORY USE ONLY
Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership	4. Number of vials stored 5. Comment
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 the, go to Cuestion 3. If the 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) Tachnical problems at the lab(e.g. staff or equipment)	
Other Specify	
4. Date assay performed	

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

CHEMISTRY

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: B 1 4 2 - 0 4 0 9 9	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) dd
SECTION 4: CLINICAL INFORMATION Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY	SECTION 6: LABORATORY USE ONLY 4. Number of vials stored
Botswana- Harvard Partnership Name and Initials of Clinician	5. Comment
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 (* Yes, go to Question 3. * 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) Tachnical problems at the lab(e.g. staff or equipment) Other Specify	
4. Date assay performed dd	
````	