

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.

**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

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

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

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

☐ Other Specify

4. 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

**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

Tube type

hh

mm

EDTA 4.0 ml

**SECTION 3: SITE INFORMATION**

Site Code

Billing Code

0 0 4 0

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: LABORATORY USE ONLY**

4. Number of vials of plasma 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 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

4. 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

**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 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

Name and Initials of Clinician

- - -

**SECTION 6: LABORATORY USE ONLY**

4. Number of vials of plasma 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 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 \_\_\_\_\_

4. 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

**RECTAI 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

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

Name and Initials of Clinician

**SECTION 6: SITE REQUISITION INFORMATION**

4. Number of swabs collected

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 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

4. 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 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 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

Name and Initials of Clinician

**SECTION 6: LABORATORY USE ONLY**

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 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

4. 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

**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:

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

Tube type

hh

mm

EDTA 4ml

**SECTION 3: SITE INFORMATION**

Site Code

Billing Code

0 0 4 0

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: LABORATORY USE ONLY**

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 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

4. 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

**FBC**

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 Powis

Phone: 76485309/ 3907619

BHP142 FLOURISH STUDY

Botswana- Harvard Partnership

Name and Initials of Clinician

**SECTION 6: LABORATORY USE ONLY**

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 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

4. 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

**FASTING GLUCOSE**

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

Grey Top

**SECTION 3: SITE INFORMATION**

Site Code

Billing Code

**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: LABORATORY USE ONLY**

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 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

4. 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

**SERUM 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

Red Top 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

Name and Initials of Clinician

**SECTION 6: LABORATORY USE ONLY**

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 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

4. 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

**LEAD AND PLASMA 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

Tube type

hh

mm

EDTA

**SECTION 3: SITE INFORMATION**

Site Code

Billing Code

0 0 4 0

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: LABORATORY USE ONLY**

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 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

4. 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

**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**

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

Red Top 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

Name and Initials of Clinician

**SECTION 6: LABORATORY USE ONLY**

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 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

4. Date assay performed

dd

mm

yyyy

Stamp OR Initials of validating technician

Stamp OR Initials of lab technician