

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 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