MICROBIOME (BHP077)
Maternal Samples Delivery Checklist
Document No: BHHRL/ 001FR078

Version 2

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Site Code: ____________ Date :_______________ Page_____ of _____

Instructions: Clinic: indicate with "X" both specimen and form sent in shaded boxes. Complete clinic portions above and below; Lab -- indicate "X" specimen and form received white boxes and lab portions below. Provide clinic a copy

	Viral Load		STOOL SAMPLE (STORAGE)		DNA PCR		RECTAL SWAB (STORAGE)		PLASMA CYTOKINES		CD4		FBC		FASTING GLUCOSE		SERUM STORAGE		LEAD AND PLASMA STORAGE		CHEMISTRY	
B 1 4 2 - 0 4 0 9 9	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
B 1 4 2 - 0 4 0 9 9	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
B 1 4 2 - 0 4 0 9 9	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
B 1 4 2 - 0 4 0 9 9	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
B 1 4 2 - 0 4 0 9 9	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s
	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s	f	s

Comments: ____

Site Clinic: ______________________________ **Initials of site personnel completing this form:** ___________
Initials of site personnel delivering specimens to the laboratory: ___________ **Time of departure:** _________
Laboratory:
Time Specimens Received: ___________ **Initials of laboratory staff receiving samples:** __________
Comments: ____ **Date:** _______________