

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