

FLOURISH (BHP142)
Infant Samples Delivery Checklist
Document No: BHHRL/ 001FR078

Version 2



**Botswana-Harvard HIV Reference
Laboratory (BHHRL)**
Tel: +267 3902671;
Fax: +267 3901284
lab.quality@bhp.org.bw

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														STOOL SAMPLE (STORAGE)		DNA PCR		RECTAL SWAB (STORAGE)		PLASMA CYTOKINES		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
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
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
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
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

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: _____

Effective Date: 05/06/2017

Confidential and Controlled Document

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FLOURISH (BHP142)
Maternal Samples Delivery Checklist
Document No: BHHRL/ 001FR078

Version 2



**Botswana-Harvard HIV Reference
Laboratory (BHHRL)**
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Fax: +267 3901284
lab.quality@bhp.org.bw

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		CD4	
B	1	4	2	-	0	4	0	9	9									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
B	1	4	2	-	0	4	0	9	9									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
B	1	4	2	-	0	4	0	9	9									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

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: _____

Effective Date: 05/06/2017

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