BOTSWANA HARVARD HIV REFERENCE LABORATORY

BHP142

PRINCESS MARINA HOSPITAL

GABORONE, BOTSWANA * TEL 3902671 EXT2126

HR965

STOOL SAMPLE (STORAGE)

| SECTION 1: PATIENT INFORMATION Particiant ID: | SECTION 2: SPECIME Date Specimen Drawn (I | |
|--|---|-------------------------------------|
| B 1 4 2 - 0 4 0 9 9 | | |
| EDC Requisition ID(if required): | dd mm | уууу |
| | Time Specimen Drawn | Tube type |
| P. Initials Gender Visit | | Cryovials |
| | hh mm | ''م |
| Date of Birth | SECTION 3: SITE IN | FORMATION |
| 1 1 1 | | g Code |
| dd mm yyyyy | | P1 42 |
| الر | | |
| | | |
| CTION 4: CLINICAL INFORMATION | SECTION 5: SITE REQUIS | ITION INFORMATION |
| udy Coordinator | SECTION 5: SITE REGUIS | TION INFORMATION |
| Kate Powis | : 1. Number of stool vials collections: | ted: |
| none: 76485309/ 3907619 | 1. Number of steel vials conec | neu. |
| IP142 FLOURISH STUDY Itswana- Harvard Partnership | | |
| nswana- narvard r arthership | i, | |
| | | |
| me and Initials of Clinician | | |
| | | |
| | | |
| ECTION 6: LABORATORY USE ONLY | | |
| to be completed by laboratory technician) | | |
| Sample Reference Number (if barcode not used) | Stamp OR Initials of validating technichian | Stamp OR Initials of lab technichia |
| | Clarify C. Vinitalo C. Vancaing Communia. | otamp on mitale or las teermona |
| | | |
| Was Sample processed and stored? | | |
| Yes NO (if Yes, go to Question 3. If No complete question 2 then STOP) | | |
| | | |
| If NO results, select PRIMARY reason results not obtained? | | |
| Sample unsatisfatory to run test(e.g. volume, tube type, condition) | | |
| Tachnical problems at the lab(e.g. staff or equipment) | | |
| Other Specify | | |
| | | |
| Date assay performed | | |
| | | |
| | | |
| dd mm yyyy | | |

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VIRAL LOAD

| SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 | SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) Time Specimen Drawn Tube type EDTA 4.0 ml hh mm SECTION 3: SITE INFORMATION Site Code Billing Code 0 0 4 0 BH 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 unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |

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HR965

DNA PCR

| Particiant ID: B 1 4 2 - 0 4 0 9 9 | Date Specimen Drawn (DD/MM/YYYY) |
|---|---|
| ECTION 4: CLINICAL INFORMATION Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership | SECTION 6: LABORATORY USE ONLY 4. Number of vials stored 5. Comment |
| Name and Initials of Clinician | |
| (to be completed by laboratory technician) | |
| (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 unsatisfatory to run test(e.g. volume, tube type, condition) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |

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RECTAL SWAB (STORAGE)

| SECTION 3: SITE INFO Site Code Billing 0 0 4 0 BHP SECTION 5: SITE REC INFORMATION 4. Number of swabs collected 5. Comment | Code 1 4 2 QUISITION |
|--|---|
| INFORMATION 4. Number of swabs collected | |
| <u></u> | |
| Stamp OR Initials of validating technichian | Stamp OR Initials of lab technichia |
| | |
| | Stamp OR Initials of validating technichian |

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PLASMA CYTOKINES

| Particiant ID: B 1 4 2 - 0 4 0 9 9 - - EDC Requisition ID(if required): P. Initials Gender Visit Date of Birth | Date Specimen Drawn (DD/MM/YYYY) |
|---|---|
| dd mm yyyy | SECTION 3: SITE INFORMATION Site Code BHP142 |
| ECTION 4: CLINICAL INFORMATION Study Coordinator Or Kate Powis Phone: 76485309/3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership | SECTION 6: LABORATORY USE ONLY 4. Number of vials stored 5. Comment |
| (to be completed by laboratory technician) . Sample Reference Number (if barcode not used) . Was Sample processed and stored? Yes NO (if Yes, go to Question 3. If No complete question 2 then STOP) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify Date assay performed | |

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CD4

| SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 | SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) dd |
|--|--|
| dd mm yyyy | SECTION 3: SITE INFORMATION Site Code BHP142 |
| ECTION 4: CLINICAL INFORMATION Study Coordinator Or Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership | SECTION 6: LABORATORY USE ONLY 4. Number of vials stored 5. Comment |
| SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) I. Sample Reference Number (if barcode not used) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| 2. Was Sample processed and stored? Yes NO (if Yes, go to Question 3. If No complete question 2 then STOP) If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify | |
| 4. Date assay performed dd / / | |

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FBC

| Particiant ID: B 1 4 2 - 0 4 0 9 9 - - EDC Requisition ID(if required): P. Initials Gender Visit Date of Birth | Date Specimen Drawn (DD/MM/YYYY) |
|--|---|
| ECTION 4: CLINICAL INFORMATION | |
| Study Coordinator Or Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY | SECTION 6: LABORATORY USE ON 4. Number of vials stored 5. Comment |
| otswana- Harvard Partnership | |
| lame and Initials of Clinician | `` |
| ECTION 6: LABORATORY USE ONLY | ``. |
| | |
| ECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) . Sample Reference Number (if barcode not used) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| ECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| ECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) . Sample Reference Number (if barcode not used) . Was Sample processed and stored? | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| ECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) . Sample Reference Number (if barcode not used) . Was Sample processed and stored? YesNO (if Yes, go to Question 3. If No complete question 2 then STOP) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| ECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) Sample Reference Number (if barcode not used) Was Sample processed and stored? Yes NO (if Yes, go to Question 3. If No complete question 2 then STOP) If NO results, select PRIMARY reason results not obtained? | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| ECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) . Sample Reference Number (if barcode not used) . Was Sample processed and stored? YesNONO (if Yes, go to Question 3. If No complete question 2 then STOP) . If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| ECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) . Sample Reference Number (if barcode not used) . Was Sample processed and stored? | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |

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FASTING GLUCOSE

| SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 | SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) Time Specimen Drawn Tube type Grey Top Mh Grey Top SECTION 3: SITE INFORMATION Site Code BHP142 |
|--|--|
| 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 unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |

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SERUM STORAGE

| SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 | SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) Time Specimen Drawn Tube type Ped Top 4ml |
|---|---|
| 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 unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify 4. Date assay performed | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |

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GABORONE, BOTSWANA * TEL 3902671 EXT2126

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LEAD AND PLASMA STORAGE

| Particiant ID: B 1 4 2 - 0 4 0 9 9 - - | Date Specimen Drawn (DD/MM/YYYY) |
|---|--|
| dd mm yyyy | SECTION 3: SITE INFORMATION Site Code Billing Code 0 0 4 0 BHP1 4 2 |
| ECTION 4: CLINICAL INFORMATION Study Coordinator Or Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership | 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) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify Date assay performed | |

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CHEMISTRY

| Particiant ID: B 1 4 2 - 0 4 0 9 9 - - EDC Requisition ID(if required): P. Initials Gender Visit | Date Specimen Drawn (DD/MM/YYYY) dd |
|---|---|
| Date of Birth dd mm yyyy | SECTION 3: SITE INFORMATION Site Code Billing Code 0 0 4 0 BHP1 42 |
| ECTION 4: CLINICAL INFORMATION Study Coordinator Or Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership | SECTION 6: LABORATORY USE ONLY 4. Number of vials stored 5. Comment |
| (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) | Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian |
| If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition) Tachnical problems at the lab(e.g. staff or equipment) Other Specify Date assay performed | |