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

Version 1

BOTSWANA HARVARD AIDS INSTITUTE PARTNERSHIP FOR HIV RESEARCH AND EDUCATION

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 & Insulin		SERUM STORAGE		PLASMA STORAGE		LEAD		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
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
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
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
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

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:** ________________

FLOURISH (BHP142)
Maternal Samples Delivery Checklist
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Version 1

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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		FBC	
B	1	4	2	-	0	4	0	9	9								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
B	1	4	2	-	0	4	0	9	9								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
B	1	4	2	-	0	4	0	9	9								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:** ________________