BOTSWANA HARVARD

HIV REFERENCE LABORATORY

PRINCESS MARINA HOSPITAL

GABORONE, BOTSWANA * TEL 3902671 EXT2126

BHP142

HR965

STOOL SAMPLE (STORAGE)

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 2 0 4 0 9 - <	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
SECTION 4: CLINICAL INFORMATION Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership Name and Initials of Clinician	SECTION 5: SITE REQUISITION INFORMATION (CLINIC USE ONLY) 1. Number of stool vials collected: 2. Comment
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) Image:	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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VIRAL LOAD

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 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) d dd mm dd mm dd mm dd mm yyyy Time Specimen Drawn Tube type hh EDTA 4.0 ml hh mm SECTION 3: SITE INFORMATION Site Code Billing Code 0 0 4 0 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 1. Number of plasma stored: 2. Comment
SECENCIAL CALCUPATION USE ONLES Intermed the processed and stored on used One One (If Yes go to Question 3. If No complete question 2 then STOP) One (If Yes, go to Question 3. If No complete question 2 then STOP) One One (If NO results, select PRIMARY reason results not obtained? One One	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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DNA PCR

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)
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 1. Number of plasma stored: 2. Comment
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) OU OU OU OU (# Yes OL OU (# Yes OU (# Yes OU (# Yes OU (# Yes OU OU OU (# Yes Sample unsatisfatory to run test(e.g. volume, tube type, condition) Other Specify OU OU OU OU OU OU	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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RECTAL SWAB (STORAGE)

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 2 0 4 0 9 9 1 <	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) dd dd mm dd mm yyyy Time Specimen Drawn imm imm SWAB hh mm SECTION 3: SITE INFORMATION Site Code Billing Code 0 0	
SECTION 4: CLINICAL INFORMATION Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership Name and Initials of Clinician	SECTION 5: SITE REQUISITION INFORMATION (CLINIC USE ONLY) 1. Number of swabs collected: 2. Comment	
SECTION 6: LABORATORY USE ONLY to be completed by laboratory technicians 1. Sample Reference Number (if barcode not used) O O (If Vas Sample processed and stored? O (If Yes go to Question 3. If No complete question 2 then STOP) O (If Yes go to Question 3. If No complete question 2 then STOP) <td cols<="" th=""><th>Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian</th></td>	<th>Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian</th>	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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PLASMA CYTOKINES

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)
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 1. Number of vials plasma stored:
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. 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 OV (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	

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CD4

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 EDC Requisition ID(if required): Date of Birth d mm yyyy	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
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 1. Number of vials stored: 2. Comment
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) O O (If barcode not used) O (If Ves Sample processed and stored? O (If Yes O O (If Yes, go to Question 3. If No complete question 2 then STOP) 3. If NO results, select PRIMARY reason results not obtained? O ample unsatisfatory to run test(e.g. volume, tube type, condition) O ther Specify Other Specify	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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FBC

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 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/YYY)
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 1. Number of vials stored: 2. Comment
SECTION 6: LABORATORY USE ONLY Ite completed by laboratory technician) 1. Sample Reference Number (if barcode not used) Image: I	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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FBC

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 Particiant ID: B 1 2 0 4 9 9 - - EDC Requisition ID(if required): - - - - - - P. Initials Gender Visit - - - - - Date of Birth _ _ _ _ _ _ _ _ dd mm yyyy yyyy - - _ _ _	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYY)
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 1. Number of vials stored: 2. Comment
Section 6: LABORATORY USE ONLY It be completed by laboratory technician; 1. Sample Reference Number (if barcode not used) Image: Image	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 2 0 4 0 9 9 1 <	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYY)
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 1. Number of vials stored: 2. Comment
SECTION 6: LABORATORY USE ONLY It is completed by laboratory technician 1. Sample Reference Number (if barcode not used) Image:	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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INSULIN

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 2 0 4 0 9 9 - <	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYY) d d mm yyyy Time Specimen Drawn Tube type h SST h mm SECTION 3: SITE INFORMATION Site Code Billing Code 0 0
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 1. Number of vials stored: 2. Comment
Section 6: LABORATORY USE ONLY to be completed by laboratory technicians 1. Sample Reference Number (if barcode not used)	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 2 0 4 0 9 - EDC Requisition ID(if required): P. Initials Gender Visit Date of Birth yyyy	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)	
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 1. Number of vials stored: 2. Comment	
SECTION 6: LABORATORY USE ONLY to be completed by laboratory technician; 1. Sample Reference Number (if barcode not used) <td col<="" th=""><th>Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian</th></td>	<th>Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian</th>	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

BOTSWANA HARVARD

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PLASMA STORAGE

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 2 0 4 0 9 1 <	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) d dd mm dd mm yyyy Time Specimen Drawn Tube type hn imm EDTA 3mil SECTION 3: SITE INFORMATION Site Code Billing Code 0 0 4 0 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 1. Number of vials stored: 2. Comment
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) O (If barcode not used) <td< th=""><th>Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian</th></td<>	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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LEAD

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 B 1 C 0 4 0 9 - EDC Requisition ID(if required): P. Initials Gender Visit Date of Birth	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
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 1. Number of vials stored:
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) (if barcode not used) O O (If Ves Sample processed and stored? (If Yes O Ouestion 3. If No complete question 2 then STOP) O (If NO results, select PRIMARY reason results not obtained? O Tachnical problems at the lab(e.g. volume, tube type, condition) O Tachnical problems at the lab(e.g. staff or equipment) Other Specify Other Specify Other Specify Other Specify Other Specify	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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CHEMISTRY

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 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)
SECTION 4: CLINICAL INFORMATION Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership Name and Initials of Clinician	SECTION 5: SITE REQUISITION INFORMATION (CLINIC USE ONLY) Tests: Fasting Lipids AST ALT Creatinine Albumin
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used) OUNC OUNC OUNC (If Yes OULY OUNC OUNC	SECTION 6: LABORATORY USE ONLY 1. Number of vials stored: 2. Comment Stamp OR Initials of validating technichian
dd mm yyyy	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian