

**BOTSWANA HARVARD
HIV REFERENCE LABORATORY**

BHP108

LAB USE ONLY:
LID BARCODE

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

HR

TB T-SPOT

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS. COMPLETE SECTIONS 1-4 ONLY AND SUBMIT THIS FORM WITH SAMPLE. SAMPLE MUST BE RECEIVED BEFORE 2:00PM MONDAY-FRIDAY.

SECTION 1: PATIENT INFORMATION

Patient ID:

0	8	5	4	0	9	9	0							
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If no Patient ID assigned, use OMANG number

Other Patient Reference: (OMANG#, SID#, NAP#, ...)

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P. Initials

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Gen (M/F)

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Visit

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Date of Birth

		/			/				
dd		mm		yyyy					

SECTION 2: SPECIMEN INFORMATION

Date Specimen Drawn (DD/MM/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

dd

mm

yyyy

Time Specimen Drawn

Tube type

		:		
--	--	---	--	--

hh

mm

use 24 hour clock

NA Hep
-----ml

SECTION 3: SITE INFORMATION

Site Code

Billing Code

0	0	4	0	B	H	P	1	0	8
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SECTION 4: CLINICIAN INFORMATION

Study Coordinator

Nicholas K Mmasa

Phone 76485309/3907619

BHP085 Tshilo Dikotla

Botswana- Harvard Partnership

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Name and Initials of Clinician

SECTION 6: REQUISITION

☐ TB-TSPOT

☐ Others, specify

SECTION 5: LABORATORY USE ONLY

(to be completed by laboratory technician)

5a. Sample Reference Number (If Barcode not used):

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- ☐ 5b. If no results, select PRIMARY reason result 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 reason.

5c. Date assay performed (if not on printout)

		/			/				
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dd

mm

yyyy

SECTION 4: RESULT

☐ Negative

☐ Positive

☐ Borderline

☐ Invalid

Stamp of Testing Technician

Stamp of Validating Technician

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