BOTSWANA HARVARD HIV REFERENCE LABORATORY

BHP142

PRINCESS MARINA HOSPITAL

GABORONE, BOTSWANA * TEL 3902671 EXT2126

STOOL SAMPLE (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)
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) 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

BOTSWANA HARVARD LAB USE ONLY: HIV REFERENCE LABORATORY LID BARCODE PRINCESS MARINA HOSPITAL

BHP142

GABORONE, BOTSWANA * TEL 3902671 EXT2126

QuantiFERON-TB Gold Plus

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.

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Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

BOTSWANA HARVARD HIV REFERENCE LABORATORY

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PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT2126

VIRAL LOAD

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.

ECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9	Date Specimen Drawn (DD/MM/YYYY)
	dd mm yyyy
EDC Requisition ID(if required):	Time Specimen Drawn Tube type
	: EDTA 4.0 ml
P. Initials Gender Visit	hh mm
	·
Date of Birth	SECTION 3: SITE INFORMATION
	Site Code Billing Code
dd mm yyyy	0 0 4 0 B H P 1 4 2
	<u> </u>
ECTION 4: CLINICAL INFORMATION	SECTION 6: RESULTS (if resulted
tudy Coordinator r Kate Powis	manually) (to be completed by laboratory technician)
hone: 76485309/ 3907619	4. Was Abbott Platform assay used to obtain
HP142 FLOURISH STUDY	result?
otswana- Harvard Partnership	☐Yes ☐NO
	(if Yes, go to Question 3. If No complete question 2 then STOP)
ame and Initials of Clinician	
	4. a.lf NO, specify the test used
ECTION 5: LABORATORY USE ONLY to be completed by laboratory technician)	5. Quantifier code
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	Grater than
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Sample Reference Number (if barcode not used)	Grater than
Sample Reference Number (if barcode not used) . Was Sample processed and stored?	Grater than Less than
. Sample Reference Number (if barcode not used) . Was Sample processed and stored?	Grater than Less than 6. Viral Load result in copies/mL
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) If NO results, select PRIMARY reason results not obtained?	Grater than Less than
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)	Grater than Less than 6. Viral Load result in copies/mL
. 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) If NO results, select PRIMARY reason results not obtained?	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result
. 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) 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)	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result 8. Number of vials of Plasma stored
. Sample Reference Number (if barcode not used) . Was Sample processed and stored?	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result
. Sample Reference Number (if barcode not used) . Was Sample processed and stored?	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result 8. Number of vials of Plasma stored
. Sample Reference Number (if barcode not used) . Was Sample processed and stored?	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result 8. Number of vials of Plasma stored
. Sample Reference Number (if barcode not used) . Was Sample processed and stored?	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result 8. Number of vials of Plasma stored
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	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result 8. Number of vials of Plasma stored
. 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? 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	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result 8. Number of vials of Plasma stored
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	Grater than Less than 6. Viral Load result in copies/mL 7. Log Viral Load result 8. Number of vials of Plasma stored

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

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GABORONE, BOTSWANA * TEL 3902671 EXT2126

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 vials stored: 2. 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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HDOGE

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RECTAL SWAB (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 SWAB SECTION 3: SITE INFORMATION Site Code BIlling Code 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 5: SITE REQUISITION INFORMATION (CLINIC USE ONLY) 1. Number of swabs collected: 2. Comment
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used)	
	Change OD Initials of splitteling technicistics
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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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) dd
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) 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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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)
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership Name and Initials of Clinician	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)	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)	1 1 1
3. If NO results, select PRIMARY reason results not obtained?	
Sample unsatisfatory to run test(e.g. volume, tube type, condition)	1 1 1
Tachnical problems at the lab(e.g. staff or equipment)	1
Other Specify	
4. Date assay performed dd	

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FBC

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 DTA 3ml SECTION 3: SITE INFORMATION Site Code 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) 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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FBC

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 stored: 2. 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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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)
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 (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used)	SECTION 6: LABORATORY USE ONLY 1. Number of vials stored: 2. Comment
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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INSULIN

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 SST 5ml SECTION 3: SITE INFORMATION Site Code BIHP 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) 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)
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) 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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PLASMA 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)
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) 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

LEAD

SECTION 1: PATIENT INFORMATION Particiant ID: B 1 4 2 - 0 4 0 9 9 EDC Requisition ID(if required): P. Initials Gender Visit Date of Birth dd mm yyyyy	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 (to be completed by laboratory technician)	SECTION 6: LABORATORY USE ONLY 1. Number of vials stored: 2. Comment
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 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	

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GABORONE, BOTSWANA * TEL 3902671 EXT2126

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CHEMISTRY

SECTION 1: PATIENT INFORMATION Particiant ID: 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) Time Specimen Drawn Tube type SST 3.5ml SECTION 3: SITE INFORMATION Site Code Billing Code 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 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)	SECTION 6: LABORATORY USE ONLY
2. Was Sample processed and stored? Yes NO (if Yes, go to Question 3. If No complete question 2 then STOP)	Number of vials stored: 2. Comment
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	
dd mm yyyy	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian