FLOURISH (BHP142) Child Samples Delivery Checklist Document No: BHHRL/ 001FR078 Version 1	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		QuantiFERON-TB Gold Plus	
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	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	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	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	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	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) Caregiver 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																	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:** ______________