#### **BOTSWANA HARVARD**

#### **HIV REFERENCE LABORATORY**

PRINCESS MARINA HOSPITAL

GABORONE, BOTSWANA \* TEL 3902671 EXT2126

## **STOOL SAMPLE (STORAGE)**

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 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       /         yyyy         Time Specimen Drawn       Tube type         i       from the system         nh       mm         hh       mm         SECTION 3: SITE INFORMATION         Site Code       Billing Code         0       0         H       1
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 techniciant)   1. Sample Reference Number (if barcode not used)	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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## **QuantiFERON-TB Gold Plus**

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)
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)	SECTION 7: Results          Negative         Positive         Borderline         Invaild

LAB USE ONLY:

LID BARCODE

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## **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.

Particiant ID:         B       1       4       2       -       0       4       0       9       9       -	Date Specimen Drawn (DD/MM/YYYY)
SECTION 4: CLINICAL INFORMATION Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership	SECTION 6: RESULTS (if resulted manually) (to be completed by laboratory technician) 4. Was Abbott Platform assay used to obtain result? Yes NO (if Yes, go to Question 3. If No complete question 2 then STOP)
Name and Initials of Clinician SECTION 5: LABORATORY USE ONLY	4. a.lf NO, specify the test used 5. Quantifier code
(to be completed by laboratory technician)  1. Sample Reference Number (if barcode not used)	Equals     Grater than
	Less than     Eess than

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         B 1 4 2 - 0 4 0 9 9         EDC Requisition ID(if required):         P. Initials         Gender       Visit         Date of Birth         d       /         yyyy	SECTION 2: SPECIMEN INFORMATION         Date Specimen Drawn (DD/MM/YYY)         dd         dd         mm         dd         mm         yyyy         Time Specimen Drawn         Tube type         hh         mm         EDTA 1ml         DBS         SECTION 3: SITE INFORMATION         Site Code         BHP142
SECTION 4: CLINICAL INFORMATION Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership	SECTION 6: LABORATORY USE ONLY 1. Number of vials stored: 2. Comment
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 7: Results          Negative         Positive         Borderline         Invaild
4. Date assay performed	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)
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)	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       2       0       4       0       9       9       -       <	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) $d$ </th
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)   . Sample Reference Number (if barcode not used)   . Was Sample processed and stored?   . Yes   . 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	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       2       0       4       0       9       1       1       1         B       1       4       2       0       4       0       9       9       1	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)	SECTION 7: Results          Negative         Positive         Borderline         Invaild
<ul> <li>3. If NO results, select PRIMARY reason results not obtained?</li> <li>Sample unsatisfatory to run test(e.g. volume, tube type, condition)</li> <li>Tachnical problems at the lab( e.g. staff or equipment)</li> <li>Other Specify</li></ul>	

LAB USE ONLY: LID BARCODE

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**FBC** 

SECTION 1: PATIENT INFORMATION         Particiant ID:         B       1       2       0       4       0       9       1       <	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYY) $d$ <
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)	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       2       0       4       0       9       1       1       1         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         (to be completed by laboratory technician)         1. Sample Reference Number (if barcode not used)         (if barcode not used)         O         O         (If Yes and a stored?         Or Pass       NO         (If Yes, go to Question 3. If No complete question 2 then STOP)         Sample unsatisfatory to run test(e.g. volume, tube type, condition)         Osample unsatisfatory to run test(e.g. volume, tube type, condition)         Other Specify         Other Specify         Other Specify         d       mm       yyyy	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       9       9       -       <	SECTION 2: SPECIMEN INFORMATION         Date Specimen Drawn (DD/MM/YYY)         d         dd       /         dd       /         mm       yyyy         Time Specimen Drawn       Tube type         i       i         hh       mm         sst       5ml         Ste Code       Billing Code         0       0         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:
SECTION 6: LABORATORY USE ONLY         (to be completed by laboratory technician)         1. Sample Reference Number (if barcode not used)	SECTION 7: Results          Negative         Positive         Borderline         Invaild
Other Specify <b>4. Date assay performed</b> dd mm yyyy	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       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         (to be completed by laboratory technician)         1. Sample Reference Number (if barcode not used)         O         O         O         O         O         O         O         O         O (if Yes, go to Question 3. If No complete question 2 then STOP)         O Is INO results, select PRIMARY reason results not obtained?         O Sample unsatisfatory to run test(e.g. volume, tube type, condition)         Other Specify         Other Specify         Other Specify         J       J         J       J         J       J         J       J         J       J         J       J         J       J         J       J         J       J         J       J         J       J	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       9       9       -       <	SECTION 2: SPECIMEN INFORMATION         Date Specimen Drawn (DD/MM/YYYY)         image: dot specime definition         dd       mm       yyyy         Time Specimen Drawn Tube type         image: dot specime definition       SST 5ml         hh       mm       SST 5ml         SECTION 3: SITE INFORMATION       Site Code       Billing Code         0       0       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 technician)         1. Sample Reference Number (if barcode not used)         OUND         OND         OND         (If Yes, go to Question 3. If No complete question 2 then STOP)         S. If NO results, select PRIMARY reason results not obtained?         Other Specify	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       2       0       4       0       9       -       -       -       -         EDC Requisition ID(if required):       - <t< th=""><th>SECTION 2: SPECIMEN INFORMATION         Date Specimen Drawn (DD/MM/YYYY)         d       /         dd       /         mm       yyyy         Time Specimen Drawn       Tube type         i       i         hh       mm         hh       smin         EDTA       3mil         SECTION 3: SITE INFORMATION         Site Code       Billing Code         0       0         H       1         H       1</th></t<>	SECTION 2: SPECIMEN INFORMATION         Date Specimen Drawn (DD/MM/YYYY)         d       /         dd       /         mm       yyyy         Time Specimen Drawn       Tube type         i       i         hh       mm         hh       smin         EDTA       3mil         SECTION 3: SITE INFORMATION         Site Code       Billing Code         0       0         H       1         H       1
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)  Sample Reference Number (if barcode not used)  Substitution  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)	SECTION 7: Results          Negative         Positive         Borderline         Invaild
<ul> <li>Tachnical problems at the lab( e.g. staff or equipment)</li> <li>Other Specify</li></ul>	Stamp OR Initials of validating technichian

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LEAD

SECTION 1: PATIENT INFORMATION   Particiant ID:   B 1   B 1   2 0   4 0   9 9   -<	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) $d$ $f$ $f$ $f$ $d$ $f$
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)	SECTION 7: Results          Negative         Positive         Borderline         Invaild
dd mm yyyy	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         EDC Requisition ID(if required):         P. Initials       Gender       Visit         Date of Birth         d       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 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          1. Number of vials stored:         2. Comment
dd mm yyyy	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian