

**BOTSWANA HARVARD  
HIV REFERENCE LABORATORY**

**BHP085**

LAB USE ONLY:  
LID BARCODE

PRINCESS MARINA HOSPITAL  
GABORONE, BOTSWANA \* TEL 3902671 EXT2126

HR101

**CD4/CD8 REQUISITION**

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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Other Patient Reference:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

P. Initials

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Gender (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

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

hh

mm

use 24-hour clock

Tube type

EDTA  
4 ML

**SECTION 3: SITE INFORMATION**

Site Code

Billing Code

0	0	4	0	B	H	P	0	8	5
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**SECTION 4: CLINICIAN INFORMATION**

Study Coordinator

Nicholas K Mmasa

Phone 76485309/76576881

BHP085 Tshilo Dikotla

Botswana- Harvard Partnership

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Name and Initials of Clinician

**SECTION 5: LABORATORY USE ONLY**

(to be completed by laboratory technician)

1. Sample Reference Number (If Barcode not used):

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2. 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.

Date assay performed (if not on printout)

		/			/				
dd			mm					yyyy	

**SECTION 6: RESULTS (if resulted manually)**

(to be completed by laboratory technician)

Absolute CD4 Cell Count(cells/uL)

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CD4 Cell Percent

		.			%
--	--	---	--	--	---

Absolute CD8 Cell Count(cells/uL)

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CD8 Cell Percent

		.			%
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Stamp/Signature of lab technician      Stamp of Validating Technician

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