

BOTSWANA HARVARD

HIV REFERENCE

BHP085

LAB USE ONLY:
LID BARCODE

PRINCESS MARINA HOSPITAL
GABORONE, BOTSWANA * TEL 3902671 EXT 2126

HR214

INFANT INSULIN

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

Participant ID:

0	8	5	-													-			
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EDC Requisition ID(if required):

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P. Initials (first - last) Gender (M/F) 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

<input type="checkbox"/>	Grey Top
<input type="checkbox"/>	SST

Infant 0.5ml

SECTION 4: CLINICIAN INFORMATION

Study Coordinator
Nicholas K Mmasa
Phone 76485309/76576881
BHP085 Tshilo dikotla
Botswana-Harvard Partnership

Name and Initials of clinician drawing sample

SECTION 3: SITE INFORMATION

Site Code

0	0	4	0
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Billing Code

B	H	P	0	8	5
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SECTION 6: RESULT

VALUE

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UNITS

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SECTION 5: LABORATORY USE ONLY (to be completed by laboratory technician)

1. Sample Reference Number

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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. _____

3. Date assay performed

		/			/							
dd			mm			yyyy						

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Stamp OR Initials of lab technician

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Stamp OR Initials of validating technician