:

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

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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.

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	SECTION 7: Results Negative Positive Borderline Invaild
4. Date assay performed dd / mm / yyyy	

Stamp OR Initials of validating technichian

Stamp OR Initials of lab technichian

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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: 3	Date Specimen Drawn (DD/MM/YYYY)
	dd mm yyyyy
	Time Specimen Drawn Tube type
P. Initials Gender Visit	EDTA 4.0 ml
P. Initials Gender Visit	hh mm
Date of Birth	SECTION 3: SITE INFORMATION
1 1	Site Code Billing Code
dd mm yyyy	0 0 4 0 B H P 1 4 2
CCTION 4: CLINICAL INFORMATION	SECTION 6: RESULTS (if resulted
udy Coordinator	manually)
r Kate Powis none: 76485309/ 3907619	(to be completed by laboratory technician) 4. Was Abbott Platform assay used to obtain
HP142 FLOURISH STUDY otswana- Harvard Partnership	result?
Aswana- Harvaru Farthership	Yes NO
	i i (if Yes, go to Question 3. If No complete question 2 then STOP)
me and Initials of Clinician	/
,	
ECTION 5: LABORATORY USE ONLY	5. Quantifier code
be completed by laboratory technician)	Equals
Sample Reference Number (if barcode not used)	Grater than
	Less than
Was Commissioned and stand 0	6. Viral Load result in copies/mL
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?	¦ 7. Log Viral Load result
Sample unsatisfatory to run test(e.g. volume, tube type, condition)	8. Number of vials of Plasma stored
Tachnical problems at the lab(e.g. staff or equipment)	
_	¦ ¦ L_L ¦ 9. Comment
Other Specify	- Sommon
Other Specify	i +
Other Specify Date assay performed	
Date assay performed	

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	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) Time Specimen Drawn Tube type DEDTA 1ml DBS SECTION 3: SITE INFORMATION
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)	SECTION 7: Results Negative Positive Borderline Invaild
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

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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 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) 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 / mm / yyyy Time Specimen Drawn Tube type
	: EDTA 1ml
P. Initials Gender Visit	hh mm
Date of Birth	SECTION 3: SITE INFORMATION
1 1	Site Code Billing Code
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	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)	
2. Was Sample processed and stored? Yes NO (if Yes, go to Question 3. If No complete question 2 then STOP)	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian
3. If NO results, select PRIMARY reason results not obtained?	1 1 1
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	

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CD4

Particiant ID:	Date Specimen Drawn (DD/MM/YYYY)
B 1 4 2 - 0 4 0 9 9	dd mm yyyy
EDC Requisition ID(if required):	Time Specimen Drawn Tube type
	EDTA 4ml
P. Initials Gender Visit	hh mm
	\\ \
Date of Birth	SECTION 3: SITE INFORMATION
dd mm yyyy	Site Code Billing Code
	N (************************************
ECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Or Kate Powis	1. Number of vials stored:
Phone: 76485309/ 3907619	2. Comment
3HP142 FLOURISH STUDY	
Botswana- Harvard Partnership	
Botswana- Harvard Partnership	
Botswana- Harvard Partnership	SECTION 7: Results
Botswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY	
Botswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician)	SECTION 7: Results Value:
Botswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY	
Botswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician)	
Rotswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) Sample Reference Number (if barcode not used)	Value:
Botswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) Sample Reference Number (if barcode not used) L. Was Sample processed and stored? Yes NO	Value:
Rotswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 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)	Value:
Rame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 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?	Value:
Rotswana- Harvard Partnership Jame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 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)	Value:
Rame and Initials of Clinician EECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 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?	Value:
Rotswana- Harvard Partnership Idame and Initials of Clinician RECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) Sample Reference Number (if barcode not used) R. 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)	Value:
Rame and Initials of Clinician CECTION 6: LABORATORY USE ONLY	Value:
Rection 6: LABORATORY USE ONLY (to be completed by laboratory technician) 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	Value:

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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

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	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)	Value: Units:
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)
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
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used)	SECTION 7: Results Value:
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)	Units:
Other Specify 4. Date assay performed dd mm yyyy	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian

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SERUM STORAGE

Particiant ID: B	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY) dd mm / yyyy
EDC Requisition (b)(ii required):	Time Specimen Drawn Tube type
P. Initials Gender Visit	hh mm
Date of Birth	CECTION OF CITE INFORMATION
	SECTION 3: SITE INFORMATION Site Code Billing Code
dd mm yyyyy	0 0 4 0 B H P 1 4 2
	<u></u>
ECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Or Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY	Number of vials stored: Comment
Botswana- Harvard Partnership Name and Initials of Clinician	
, ,	
(to be completed by laboratory technician)	
SECTION 6: LABORATORY USE ONLY (to be completed by laboratory technician) I. Sample Reference Number (if barcode not used)	
(to be completed by laboratory technician) I. Sample Reference Number (if barcode not used)	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian
(to be completed by laboratory technician) I. Sample Reference Number (if barcode not used)	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian
(to be completed by laboratory technician) I. Sample Reference Number (if barcode not used) 2. Was Sample processed and stored? Yes NO	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian
(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)	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian
(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?	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian
. 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) If NO results, select PRIMARY reason results not obtained? Sample unsatisfatory to run test(e.g. volume, tube type, condition)	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian
. 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) 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)	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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LEAD

SECTION 1: PATIENT INFORMATION Particiant ID:	SECTION 2: SPECIMEN INFORMATION Date Specimen Drawn (DD/MM/YYYY)
B 1 4 2 - 0 4 0 9 9	dd mm yyyy Time Specimen Drawn Tube type
	: EDTA 3ml
P. Initials Gender Visit	hh mm
Date of Birth	SECTION 3: SITE INFORMATION
/ / /	Site Code Billing Code
dd mm yyyy	BHP142
SECTION 4: CLINICAL INFORMATION	SECTION 6: LABORATORY USE ONLY
Study Coordinator Dr Kate Powis Phone: 76485309/ 3907619 BHP142 FLOURISH STUDY Botswana- Harvard Partnership	Number of vials stored: Comment
Name and Initials of Clinician SECTION 6: LABORATORY USE ONLY	SECTION 7: Results
(to be completed by laboratory technician) 1. Sample Reference Number (if barcode not used)	Value:
Sample reference Number (iii barcode not dised)	Units:
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	
dd mm yyyy	
المري	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichia

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CHEMISTRY

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) 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	i
4. Date assay performed	Stamp OR Initials of validating technichian Stamp OR Initials of lab technichian