Flourish Child

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Add child requisition

Please correct the error below.

INSTRUCTIONS:

Please complete the form below. Required questions are in bold. When all required questions are complete click SAVE or, if available, SAVE NEXT. Based on your responses, additional questions may be required or some answers may need to be corrected.

1. Child visit: B142-040990502-2-60 2000D.0 2. Requisition Date:			
		Date: 2024-02-23	Today
		Time: 10:52:07	Now
3. Was a specimen drawn?			
Yes			
○ No If No, provide a reason below			
4. If not drawn, please explain:			
O Tried, but unable to obtain sample from patient			
O Patient did not attend visit			
O Patient refused			
O No supplies			
O Other			
Not Applicable			
5. If Other, specify			

Date: 2024-02-23	Today
Time: 12:30	Now
If not drawn, leave blank. Same as date and time of finger prick in case	on DBS.
7. Study site:	
Gaborone	
8. Panel:	
DNA PCR	~
9. Item collection type:	
○ Not applicable	
Tube	
○ Swab	
O DBS Card	
○ Other	
10. Total number of items:	
1	
Number of tubes, samples, cards, etc being sent for this test/order only	. Determines number of labels to print
11. Estimated volume in mL:	
1	
If applicable, estimated volume of sample for this test/order. This is the	total volume if number of "tubes" above is greater than 1
12. Priority:	
Normal	
○ Urgent	
13. Already exists on LIS?	
Yes	
○ No	
Sample ID pattern is incorrect. Please correct.	
14. LIS generated Sample Identifier:	
14202AAP24	

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