



## PB-SAM HAEMATOLOGY AND CLINICAL CHEMISTRY REQUEST FORM

<b>Participant ID</b> (Affix Barcode label here)	[ ][ ][ ][ ][ ][ ][ ][ ]		
<b>Screening Number</b> (Kampala only)	[M][ ][ ][ ][ ][ ][ ]		
<b>Sex</b> (Tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Date of Birth</b>	__/__/__ D D / M M / Y Y Y Y	<b>Participant Initials</b>	____
<b>Sample Collection date</b>	__/__/__ D D / M M / Y Y Y Y	<b>Time of collection</b>	__:__:__ 24H Clock

Part A: Requisition form  
(To be filled by the Clinician)

<b>Admission</b> <input type="checkbox"/>	<b>Day 7</b> <input type="checkbox"/>		<b>Re-admission*(SAE)</b> <input type="checkbox"/>	
<b>Sample Type</b>	<input type="checkbox"/> EDTA (For CBC)	<input type="checkbox"/> Plain Red Top (For direct bilirubin)* Kampala site only		<input type="checkbox"/> Arterial/Venus (i-STAT) (For blood gas)
<b>Collected by</b> (Initials)	____	<b>Delivered by</b> (Initials)	____	<b>Received by</b> (Initials)
<b>Date Received</b>	__/__/__ D D / M M / Y Y Y Y		Time received __:__:__	

Tests Required  
(To be filled by the Clinician)

- ☐ Complete blood count and differential (CBC)
- ☐ Direct Bilirubin

Part B: Tracking Form  
(To be filled by the Lab)

Sample	Specimen Number	Sample Status				
EDTA		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Clotted	<input type="checkbox"/> Missing
PLASMA /SERUM		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Missing	
<b>Confirmed by(Initials)</b>	____	*Inform the lab manager/project coordinator if a sample is missing				

## LAB RESULTS

**CBC Results** (Staple result-printouts to this form or write results here)

*Differentials must be actual values, not percentages*

<b>Date of processing</b>		____/____/_____ <i>D D / M M / Y Y Y Y</i>				<b>Time of processing</b>			____:____ <i>24H Clock</i>	
<b>Test</b>	HB	RBC	WBC	Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Platelets	IG
<b>Results</b>										
Lab Tech Initials										

## CLINICAL CHEMISTRY RESULTS

*(Staple result-printouts to this form or write results here)*

<b>Date of processing</b>		____/____/_____ <i>D D / M M / Y Y Y Y</i>				<b>Time of processing</b>			____:____ <i>24H Clock</i>	
<b>Bilirubin (Total)</b>										
Lab Tech Initials										

*\* leave blank if missing or the results are stapled*

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*\*Units may vary from site to site, so please provide units as per your machine. Provide actual machine values*

## Results Review

<b>REVIEWED by</b>	<i>Signed</i>	<i>Initials</i>	<b>Date</b>	____/____/_____ <i>D D / M M / Y Y Y Y</i>
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