



Laboratory Requisition Form

SECTION 1: FACILITY-LEVEL INFORMATION

- Facility name
- HTS Facility Code
- Date of HIV Diagnosis

HIV Recency Study
LABORATORY REQUISITION FORM
Section 1

Facility Name	HTS Facility Code	Date of HIV Diagnosis		
		Day	Month	Year

SECTION 2: CLIENT-LEVEL INFORMATION

- Client ID Number
- Name of staff collecting specimen
- Specimen type
- Date/time of blood collection

Section 2

Client Identification Number <small>(ID number used for client at site for HTS or ART or ANC)</small>	Specimen Type Venous tube <input type="checkbox"/> DBS <input type="checkbox"/>	Write or affix label for PARTICIPANT ID here →				
Name of Staff Collecting Specimen:	Date of collection		Time of collection			
	Day	Month	Year	Hour (24 hour)	Minutes	Initials

And very importantly, the Participant ID Number

SECTION 3: SPECIMEN QUALITY

Enter appropriate code in Health Facility column (venous/DBS)

Section 3

<i>Acceptance/Rejection code definitions: 1) Acceptable – No rejection; 2) Broken or cracked container; 3) Hemolysis; 4) Leaking container; 5) Insufficient blood; 6) not labeled correctly 7) Specimen data missing; 8) Over-saturation; 9) Clotted blood; 10) Scratched spots; 11) Scattered spots; 12) Serum rings; 13) Double-layer spots; 14) Improper drying; 15) Spots that cannot elute</i>	Acceptance / Rejection Code (1-15)	
	Health Facility	Laboratory
	Venous Blood Collection Tube	
Dried Blood Spot Card (4-5 spots)		

SECTION 4: SPECIMEN PREPARED FOR TRANSPORT

- Name and initials of person preparing specimen for transport
- Date and time of preparation

Section 4

Sample Prepared for Transport at Health Facility by:	Day	Month	Year	Hour (24 hour)	Minutes	Initials

SECTION 5: SPECIMEN TRANSPORT

- Name and initials of person transporting specimen
- Date and time of transport

Section 5

a. Transported from Health Facility to Laboratory by:	Day	Month	Year	Hour (24 hour)	Minutes	Initials