



# SUPPLY CHECKLIST: VENIPUNCTURE

1



**Adult butterfly  
needle set (1)**

2



**Vacutainer single-use  
holder (1)**

3



**EDTA, purple top  
vacuum tube (1)**

4



**Tourniquet (1)**

5



**Alcohol swab (1)**

6



**Gauze square (1)**

7



**Plaster (1)**

8



**Disposable gloves (2)**

9



**Sharps container (1)**

10



**Specimen label (2)**

11



**Cardboard  
Storage Box (1)**

12



**Ice Packs (2)**

13



**Ultrafine Permanent  
Marker (1)**

14



**Envelope (1)**

15



**Cooler (1)**

16

Maternal DREAMS HIV Recency Study LABORATORY REQUISITION FORM					
Section 1		Section 2		Section 3	
ANC Health Facility Name	ANC Health Facility Code	Date of ANC First Visit		Mark "X" if Complete	
		Day	Month	Year	Health Facility
Section 2					
AFFIX STUDY LABEL HERE!					
Patient ID Number (from ANC Register)	Participant Date of Birth	Age in Years if DOB unknown	Gestational age in weeks		
	Day	Month	Year	hour (24 hour)	Time minutes
Section 3					
Specimen Collected from Participant by:	Day	Month	Year	hour (24 hour)	Time minutes
					Initials
Blood Collection Tube			Health Facility		
Dried Blood Spot Card (4-5 spots)			Satellite Lab		
Plasma			Central Lab		

**Laboratory Requisition  
Form (1)**