



MTN 020 LAB BREAK OUT PRESENTATION

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UNC LILONGWE PRESENTATION

MISSED TEST

DESCRIPTION OF THE PROBLEM

- **Missing a test can happen either in the lab or at the clinic. How?**
- **Sometimes the clinic can miss to order a test at a particular visit and thus forgetting to mark or tick on the Lab request form.**



UNC LILONGWE PRESENTATION

MISSED TEST

DESCRIPTION OF THE PROBLEM

- Likewise the Lab can miss to order a test into the LIS and the test can be missed when entering participant information into the LIS.
- For an institution which is involved in many research studies for MTN, HPTN, ACTG, IMPAACT and many more, the Lab reception person needs to be proactive in receiving specimens.



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- **With lots of Lab request forms and specimens coming into the Lab , the Lab person may find it difficult to check what has been ordered is the right order for the right visit for a particular study.**
- **If the test is not ticked on the Lab request form it is not easy for a Lab person receiving specimens at the Laboratory reception to know the test has been missed.**



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- **As for the clinic, clinic staff can easily miss a test if not following the SSP manual or for whatever reason they may have.**

RESOLUTIONS

- **To help Lab reception and clinic staff minimize errors a dummy Lab request form has been prepared so that they compare what they are supposed to order or what they are supposed to receive at every visit.**



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- **The dummy Lab request forms have been placed at the Lab reception area and in all clinic rooms where these activities take place.**
- **Lab Reception and clinic staff then compares what has been ordered on the clinic requisition against the dummy requisition for that particular visit.**



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- **If the test is missed, the clinic is notified and the test is ordered or added right away.**
- **In the Lab, if a test is missed (can happen when entering client information in the LIS), the lab has Data QC person who counterchecks what has been entered.**
- **Even though the technician may print pending list can not show a test if it was not ordered in the LIS.**



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- **Then the QC person report to supervisor .**
- **The supervisor checks if the sample is available and the test is added or ordered.**
- **If the sample is not available, the clinic is informed right away. The clinic takes necessary measures.**
- **A few Lab Request forms for screening and enrollment visit just as an example in the next slides:-**

LABORATORY REQUEST FORM

No 208579

STUDY: _____ PID: _____ REQUESTING CLINICIAN: _____
 VISIT CODE: _____ GENDER: MALE FEMALE DOB: _____ AGE: _____
 SPECIMEN COLLECTED BY: ID: [] [] [] DATE: ____/____/____ TIME: _____
 SPECIMEN TRANSPORTED BY: ID: [] [] [] DATE: ____/____/____ TIME: _____
 RECEIVING TECH: ID: [] [] [] DATE: ____/____/____ TIME: _____

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

<input type="checkbox"/> Blood, EDTA	<input type="checkbox"/> Biopsy	<input type="checkbox"/> 1 Pap Smear	<input type="checkbox"/> Swab (CT/NG or Storage)
<input type="checkbox"/> Blood, Non or SST	<input type="checkbox"/> Breast Milk	<input type="checkbox"/> Saliva	<input type="checkbox"/> Tear-Flo
<input type="checkbox"/> Blood, ACD	<input type="checkbox"/> CVL	<input type="checkbox"/> Semen	<input type="checkbox"/> Tempus Tube
<input type="checkbox"/> Blood, Other	<input type="checkbox"/> Cytobrush	<input type="checkbox"/> Stool Storage	<input type="checkbox"/> Urine (CT/NG or Storage)
<input checked="" type="checkbox"/> 2 Other: <u>Gram Stain Slides</u>		<input type="checkbox"/> 1 Other: <u>Endocervical Swab</u>	

CHEMISTRY

- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphatase
- Amylase
- Aspartate Transaminase (AST)
- Bilirubin (Direct)
- Bilirubin (Total)
- Blood Urea Nitrogen (BUN)
- Calcium
- Carbon Dioxide
- Chloride
- Cholesterol (Total)
- Creatinine
- Creatinine Kinase
- Glucose
- Glucose (CSF)
- Glutaryl Transferase
- HDL Cholesterol
- Lactate
- Lactate Dehydrogenase
- Lipase
- LDL Cholesterol
- Phosphorus
- Potassium
- Protein (CSF)
- Sodium
- Total Protein
- Triglycerides
- Other: _____

HEMATOLOGY

- CBC/Diff
- Hemoglobin
- Manual Differential

IMMUNOLOGY

- CD4 PLG (EPICS with %)
- CD4/CD8/CD3 FACSCOUNT w/o %
- CD4/CD8/CD3 FACSCOUNT with %
- Cryptococcal Antigen
- HIV (ELISA)
- HIV (Rapid Test)
- HIV (Western Blot)
- HSV ELISA
- HepBsAb ELISA
- HepBsAg ELISA
- HepB Rapid Test
- HepC
- Syphilis RPR
- Syphilis Rapid
- Syphilis TPHA
- Toxoplasma IgG
- Other: _____

MOLECULAR

- CT/NG SDA
- HIV DNA PCR
- HIV RNA PCR (Abbott)
- HIV RNA PCR (Roche Standard)
- Other: _____

STORAGE

- Serum Storage
- Plasma Storage
- Gram Stain Slide Storage
- Semen Storage
- Tear-Flo Storage
- Genital Ulcer Swab Storage
- PBMC Storage
- Breast Milk Storage
- CVL Storage
- DBS Storage
- Whole Blood Pellet Storage
- Biopsy Storage
- Pap Smear Storage
- Urine Storage
- Other Storage: Endocervical swab

OTHER

- COAG - APTT
- COAG - INR
- COAG - PT
- Pregnancy Test (urine)
- Pregnancy Test (serum)
- Other: PAP Test

COMMENTS:

CLINIC RAPID TEST RESULTS

Test	Reactive	Non-Reactive	Test Date	Time	Tester ID	Clinician Review	Date
Determine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold HIV (FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold (non-FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
BioLine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
Pregnancy Test	<input type="checkbox"/>	<input type="checkbox"/>					

LABORATORY REQUEST FORM - MICROBIOLOGY N^o 13192

STUDY: _____ PID: _____ REQUESTING CLINICIAN: _____

VISIT CODE: _____ GENDER: MALE FEMALE DOB: _____ AGE: _____

SPECIMEN COLLECTED BY: ID DATE: ___/___/___ TIME: _____

SPECIMEN TRANSPORTED BY: ID DATE: ___/___/___ TIME: _____

RECEIVING TECH : ID DATE: ___/___/___ TIME: _____

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

<input type="checkbox"/>	Bactec Bottle	<input type="checkbox"/>	Blood Smear	<input type="checkbox"/>	Blood, Whole	<input type="checkbox"/>	Aspirate	<input type="checkbox"/>	CSF
<input type="checkbox"/>	InPouch	<input type="checkbox"/>	Joint Fluid	<input type="checkbox"/>	Sputum	<input type="checkbox"/>	Stool	<input type="checkbox"/>	Urine
<input type="checkbox"/>	Pericardial fluid	<input type="checkbox"/>	Pleural Fluid	<input type="checkbox"/>	Other: <u>SWAB for Trichomonas RT</u>				
<input type="checkbox"/>	Swab: _____	<input type="checkbox"/>	Other: _____						

COMMENTS:

MICROBIOLOGY

- AFB Smear ONLY
- AFB Culture and Smear
- Ascitic Fluid Culture
- Bacterial Meningitis Antigen
- Bacterial Vaginosis Microscopy
- Blood Culture (Routine)
- Blood Culture (Pediatric)
- Blood Culture (AFB)
- CSF Culture and Gram Stain
- Cell Count & Differential (CSF, sterile fluid)
- Culture, Body Fluids: _____
- Ear Culture & Gram Stain
- Eye Culture & Gram Stain
- Gram Stain ONLY
- Genital Tract Culture, Female
- Genital Tract Culture & Gram Stain, Male
- India Ink
- InPouch Culture (T. vaginalis)

- Trichomonas RT
- Malaria Parasites (ASAP)
- Malaria Parasites, GSK
- Malaria Parasites, P1079
- Joint Fluid Culture & Gram Stain
- Respiratory Culture, Lower & Gram Stain (sputum)
- Respiratory Culture, Upper (nose/nares)
- Throat (strep screen)
- Wound Culture (surface swab) site: _____
- Culture-wound/aspirate/tissue/deep biopsy: _____
site: _____
- Stool Culture (fecal screen)
- Stool Microscopy
- Urine Culture
- Urine Dipstick
- Urine Microscopy
- Urinalysis (microscopy+dipstick)
- Wet Mount (if clinically indicated)
- Xpert MTB/RIF

LABORATORY REQUEST FORM

Nº 208580

STUDY: _____ PID: _____ REQUESTING CLINICIAN: _____

VISIT CODE: _____ GENDER: MALE FEMALE DOB: _____ AGE: _____

SPECIMEN COLLECTED BY: ID: [][] DATE: ____/____/____ TIME: _____

SPECIMEN TRANSPORTED BY: ID: [][] DATE: ____/____/____ TIME: _____

RECEIVING TECH: ID: [][] DATE: ____/____/____ TIME: _____

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

<input type="checkbox"/> Blood, EDTA	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Pap Smear	<input type="checkbox"/> Swab (CT/NG or Storage)
<input type="checkbox"/> Blood, Non or SST	<input type="checkbox"/> Breast Milk	<input type="checkbox"/> Saliva	<input type="checkbox"/> Tear-Flo
<input type="checkbox"/> Blood, ACD	<input type="checkbox"/> CVL	<input type="checkbox"/> Semen	<input type="checkbox"/> Tempus Tube
<input type="checkbox"/> Blood, Other	<input type="checkbox"/> Cytobrush	<input type="checkbox"/> Stool Storage	<input type="checkbox"/> Urine (CT/NG or Storage)
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

CHEMISTRY

- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphatase
- Amylase
- Aspartate Transaminase (AST)
- Bilirubin (Direct)
- Bilirubin (Total)
- Blood Urea Nitrogen (BUN)
- Calcium
- Carbon Dioxide
- Chloride
- Cholesterol (Total)
- Creatinine
- Creatinine Kinase
- Glucose
- Glucose (CSF)
- Glutamyl Transferase
- HDL Cholesterol
- Lactate
- Lactate Dehydrogenase
- Lipase
- LDL Cholesterol
- Phosphorus
- Potassium
- Protein (CSF)
- Sodium
- Total Protein
- Triglycerides
- Other: _____

HEMATOLOGY

- CBC/Diff
- Hemoglobin
- Manual Differential

IMMUNOLOGY

- CD4 PLG (EPICS with %)
- CD4/CD8/CD3 FACSCOUNT w/o %
- CD4/CD8/CD3 FACSCOUNT with %
- Cryptococcal Antigen
- HIV (ELISA)
- HIV (Rapid Test)
- HIV (Western Blot)
- HSV ELISA
- HepBsAb ELISA
- HepBsAg ELISA
- HepB Rapid Test
- HepC
- Syphilis RPR
- Syphilis Rapid
- Syphilis TPHA
- Toxoplasma IgG
- Other: _____

MOLECULAR

- CT/NG SDA
- HIV DNA PCR
- HIV RNA PCR (Abbott)
- HIV RNA PCR (Roche Standard)
- Other: _____

STORAGE

- Serum Storage
- Plasma Storage
- Gram Stain Slide Storage
- Semen Storage
- Tear-Flo Storage
- Genital Ulcer Swab Storage
- PBMC Storage
- Breast Milk Storage
- CVL Storage
- DBS Storage
- Whole Blood Pellet Storage
- Biopsy Storage
- Pap Smear Storage
- Urine Storage
- Other Storage: _____

OTHER

- COAG - APTT
- COAG - INR
- COAG - PT
- Pregnancy Test (urine)
- Pregnancy Test (serum)
- Other: _____

COMMENTS:

CLINIC RAPID TEST RESULTS

Test	Reactive	Non-Reactive	Test Date	Time	Tester ID	Clinician Review	Date
Determine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold HIV (FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold (non-FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
BioLine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
Pregnancy Test	<input type="checkbox"/>	<input type="checkbox"/>					

LABORATORY REQUEST FORM

Nº 208581

STUDY: _____ PID: _____ REQUESTING CLINICIAN: _____

VISIT CODE: _____ GENDER: MALE FEMALE DOB: _____ AGE: _____

SPECIMEN COLLECTED BY: ID: [][] DATE: ____/____/____ TIME: _____

SPECIMEN TRANSPORTED BY: ID: [][] DATE: ____/____/____ TIME: _____

RECEIVING TECH: ID: [][] DATE: ____/____/____ TIME: _____

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

<input type="checkbox"/> Blood, EDTA	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Pap Smear	<input type="checkbox"/> Swab (CT/NG or Storage)
<input type="checkbox"/> Blood, Non or SST	<input type="checkbox"/> Breast Milk	<input type="checkbox"/> Saliva	<input type="checkbox"/> Tear-Flo
<input type="checkbox"/> Blood, ACD	<input type="checkbox"/> CVL	<input type="checkbox"/> Semen	<input type="checkbox"/> Tempus Tube
<input type="checkbox"/> Blood, Other	<input type="checkbox"/> Cytobrush	<input type="checkbox"/> Stool Storage	<input type="checkbox"/> Urine (CT/NG or Storage)
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

CHEMISTRY

- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphatase
- Amylase
- Aspartate Transaminase (AST)
- Bilirubin (Direct)
- Bilirubin (Total)
- Blood Urea Nitrogen (BUN)
- Calcium
- Carbon Dioxide
- Chloride
- Cholesterol (Total)
- Creatinine
- Creatinine Kinase
- Glucose
- Glucose (CSF)
- Glutamyl Transferase
- HDL Cholesterol
- Lactate
- Lactate Dehydrogenase
- Lipase
- LDL Cholesterol
- Phosphorus
- Potassium
- Protein (CSF)
- Sodium
- Total Protein
- Triglycerides
- Other: _____

HEMATOLOGY

- CBC/Diff
- Hemoglobin
- Manual Differential

IMMUNOLOGY

- CD4 PLG (EPICS with %)
- CD4/CD8/CD3 FACSCOUNT w/o %
- CD4/CD8/CD3 FACSCOUNT with %
- Cryptococcal Antigen
- HIV (ELISA)
- HIV (Rapid Test)
- HIV (Western Blot)
- HSV ELISA
- HepBsAb ELISA
- HepBsAg ELISA
- HepB Rapid Test
- HepC
- Syphilis RPR
- Syphilis Rapid
- Syphilis TPHA
- Toxoplasma IgG
- Other: _____

MOLECULAR

- CT/NG SDA
- HIV DNA PCR
- HIV RNA PCR (Abbott)
- HIV RNA PCR (Roche Standard)
- Other: _____

STORAGE

- Serum Storage
- Plasma Storage
- Gram Stain Slide Storage
- Semen Storage
- Tear-Flo Storage
- Genital Ulcer Swab Storage
- PBMC Storage
- Breast Milk Storage
- CVL Storage
- DBS Storage
- Whole Blood Pellet Storage
- Biopsy Storage
- Pap Smear Storage
- Urine Storage
- Other Storage: _____

OTHER

- COAG - APTT
- COAG - INR
- COAG - PT
- Pregnancy Test (urine)
- Pregnancy Test (serum)
- Other: _____

COMMENTS:

CLINIC RAPID TEST RESULTS

Test	Reactive	Non-Reactive	Test Date	Time	Tester ID	Clinician Review	Date
Determine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold HIV (FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold (non-FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
BioLine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
Pregnancy Test	<input type="checkbox"/>	<input type="checkbox"/>					

LABORATORY REQUEST FORM

Nº 208583

STUDY: _____ PID: _____ REQUESTING CLINICIAN: _____

VISIT CODE: _____ GENDER: MALE FEMALE DOB: _____ AGE: _____

SPECIMEN COLLECTED BY: ID: [][] DATE: ____/____/____ TIME: _____

SPECIMEN TRANSPORTED BY: ID: [][] DATE: ____/____/____ TIME: _____

RECEIVING TECH: ID: [][] DATE: ____/____/____ TIME: _____

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

<input type="checkbox"/> Blood, EDTA	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Pap Smear	<input type="checkbox"/> Swab (CT/NG or Storage)
<input type="checkbox"/> Blood, Non or SST	<input type="checkbox"/> Breast Milk	<input type="checkbox"/> Saliva	<input type="checkbox"/> Tear-Flo
<input type="checkbox"/> Blood, ACD	<input type="checkbox"/> CVL	<input type="checkbox"/> Semen	<input type="checkbox"/> Tempus Tube
<input type="checkbox"/> Blood, Other	<input type="checkbox"/> Cytobrush	<input type="checkbox"/> Stool Storage	<input type="checkbox"/> Urine (CT/NG or Storage)
<input type="checkbox"/> Other: _____		<input type="checkbox"/> 1 Other: <u>Vaginal Swab</u>	

CHEMISTRY

- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphatase
- Amylase
- Aspartate Transaminase (AST)
- Bilirubin (Direct)
- Bilirubin (Total)
- Blood Urea Nitrogen (BUN)
- Calcium
- Carbon Dioxide
- Chloride
- Cholesterol (Total)
- Creatinine
- Creatinine Kinase
- Glucose
- Glucose (CSF)
- Glutamyl Transferase
- HDL Cholesterol
- Lactate
- Lactate Dehydrogenase
- Lipase
- LDL Cholesterol
- Phosphorus
- Potassium
- Protein (CSF)
- Sodium
- Total Protein
- Triglycerides
- Other: _____

HEMATOLOGY

- CBC/Diff
- Hemoglobin
- Manual Differential

IMMUNOLOGY

- CD4 PLG (EPICS with %)
- CD4/CD8/CD3 FACSCOUNT w/o %
- CD4/CD8/CD3 FACSCOUNT with %
- Cryptococcal Antigen
- HIV (ELISA)
- HIV (Rapid Test)
- HIV (Western Blot)
- HSV ELISA
- HepBsAb ELISA
- HepBsAg ELISA
- HepB Rapid Test
- HepC
- Syphilis RPR
- Syphilis Rapid
- Syphilis TPHA
- Toxoplasma IgG
- Other: _____

MOLECULAR

- CT/NG SDA
- HIV DNA PCR
- HIV RNA PCR (Abbott)
- HIV RNA PCR (Roche Standard)
- Other: _____

STORAGE

- Serum Storage
- Plasma Storage
- Gram Stain Slide Storage
- Semen Storage
- Tear-Flo Storage
- Genital Ulcer Swab Storage
- PBMC Storage
- Breast Milk Storage
- CVL Storage
- DBS Storage
- Whole Blood Pellet Storage
- Biopsy Storage
- Pap Smear Storage
- Urine Storage

Other Storage: Vaginal Swab

OTHER

- COAG - APTT
- COAG - INR
- COAG - PT
- Pregnancy Test (urine)
- Pregnancy Test (serum)
- Other: _____

COMMENTS:

CLINIC RAPID TEST RESULTS

Test	Reactive	Non-Reactive	Test Date	Time	Tester ID	Clinician Review	Date
Determine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold HIV (FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
UniGold (non-FDA)	<input type="checkbox"/>	<input type="checkbox"/>					
BioLine HIV	<input type="checkbox"/>	<input type="checkbox"/>					
Pregnancy Test	<input type="checkbox"/>	<input type="checkbox"/>					

**Communication
between the clinic and
laboratory is KEY!**