

Fill this logbook for ALL samples (except DBS) referred from health centers served by the sample transporter

Date Samples Received DD-MM-YYYY	Time Samples Received	Date samples picked by sample transporter DD-MM-YYYY (if delivered by health facility staff, write "self delivered" instead of date)	Health Facility Name	Date of sample collection DD-MM-YYYY Must be marked on the paperwork and/or vial accompanying samples (driver should check this).	Number of samples to undergo each test type (some samples may be indicated for multiple tests. Count again for every test indicated)	Tested at Hub or Referred to other lab (circle one)	Date tests completed DD-MM-YYYY (for last sample in group)	Signature of lab technician	Date results taken from hub to health facilities DD-MM-YYYY (to be filled by sample transporter)	Signature of sample transporter
1					CD4:	Hub / Refer				
					Haematology:	Hub / Refer				
					HB:	Hub / Refer				
					Chemistry:	Hub / Refer				
					Viral Load:	Hub / Refer				
					DBS:	Refer				
					Other: _____	Hub / Refer				
2					CD4:	Hub / Refer				
					Haematology:	Hub / Refer				
					HB:	Hub / Refer				
					Chemistry:	Hub / Refer				
					Viral Load:	Hub / Refer				
					DBS:	Refer				
					Other: _____	Hub / Refer				
3					CD4:	Hub / Refer				
					Haematology:	Hub / Refer				
					HB:	Hub / Refer				
					Chemistry:	Hub / Refer				
					Viral Load:	Hub / Refer				
					DBS:	Refer				
					Other: _____	Hub / Refer				
4					CD4:	Hub / Refer				
					Haematology:	Hub / Refer				
					HB:	Hub / Refer				
					Chemistry:	Hub / Refer				
					Viral Load:	Hub / Refer				
					DBS:	Refer				
					Other: _____	Hub / Refer				
5					CD4:	Hub / Refer				
					Haematology:	Hub / Refer				
					HB:	Hub / Refer				
					Chemistry:	Hub / Refer				
					Viral Load:	Hub / Refer				
					DBS:	Refer				
					Other: _____	Hub / Refer				