

DIAGNOSTICS

update.com

Issue No: 10

Fourth Quarter 2014

TESTING DONATED BLOOD

- ▣▶ Organ/Tissue Transplants
- ▣▶ Organ donor screening
- ▣▶ Cell and Tissue donor screening

WORLD AIDS DAY

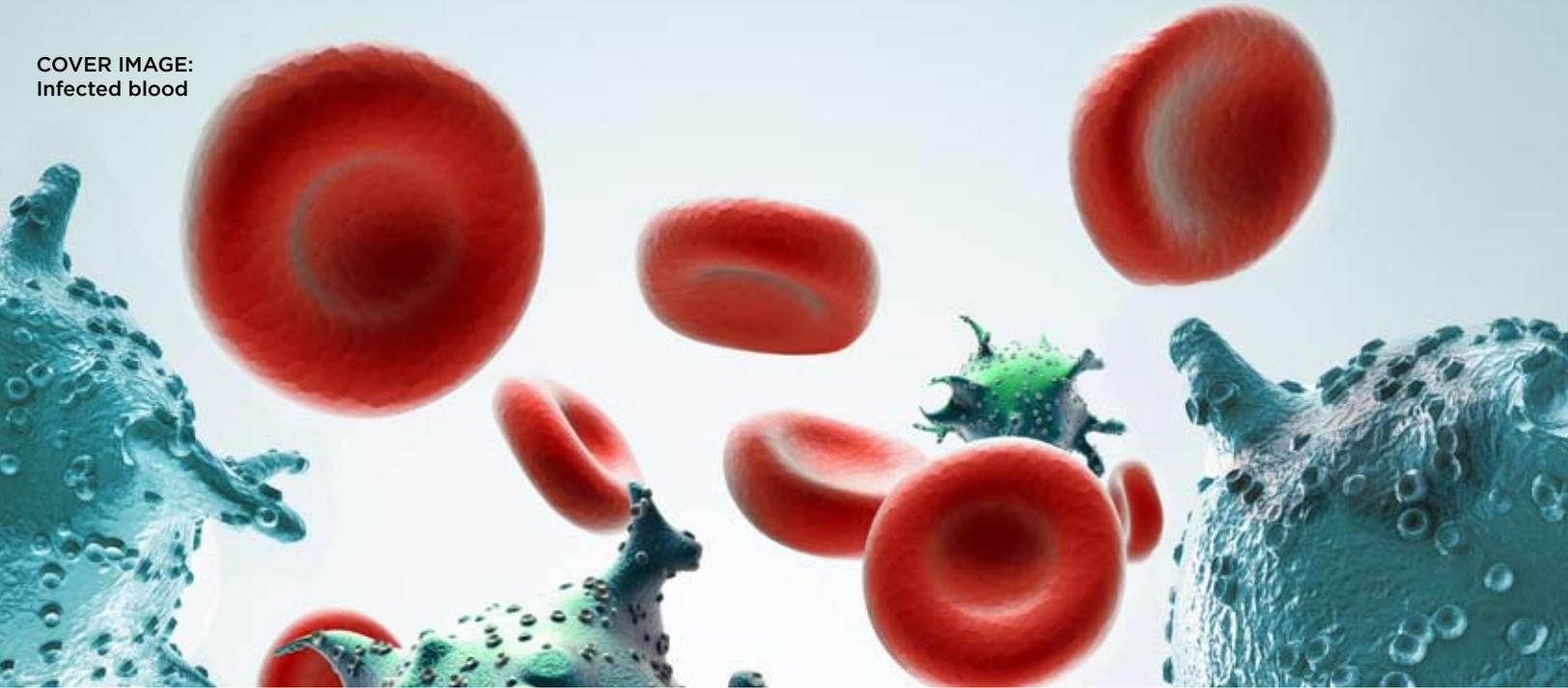


WOMEN
HEALTH
PROBLEMS



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Infected blood



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Dear Reader,

One of the great aspects of this job is having the opportunity to talk with and listen to the many different manufacturers, distributors, and of course the huge network of dealers that is the backbone of our industry.

Years ago I never would have ever imagined I would be in this

position, and it is amazing. To say I really enjoy this job is an understatement.

What makes Diagnostics Update.com so unique is their informative and educative ways to the nation.

The staff and management is always looking for ways to inform their readers on how to tackle different medical issues. Basically, you want more people

to enjoy reading more and more.

That said, there is still the need to get more readers to embrace healthy routines within and outside the homestead. This October/November/December issue we focus more on the winter/spring season ailments. We take a look at different ways to keep healthy.

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treat, cure, or prevent any disease without the supervision of a medical doctor. Please be advised that medical information changes rapidly and new discoveries are being made on a daily basis.

Therefore, some information in this publication may have change by the time you read it.



WOMEN HEALTH PROBLEMS

Ever wondered why our grandmothers and moms are so fit, when they hardly had access to gyms and 'healthy' options to eat. With rapid urbanization and the redefinition of gender roles women now do have the freedom and power they deserve. But due to late work hours, the pollution of the big city and the responsibility to take care of the household while working, has caused the health of many women to take a toll for the worst. Here are the few major health related problem women face in the country today:

1. Heart Disease:

Heart diseases strike women too and the instances are increasing because of an increasingly urbanized lifestyle. Unlike men, in women we have seen cases where small blockages in a few small arteries are not detectable in an angiography. Some common symptoms in women are shortness of breath with or without chest discomfort; pain in one or both the arms, the back, neck, jaw or stomach; breaking out in a cold sweat, nausea or light-headedness.

2. Breast and cervical cancer:



One of the biggest fears shared by most women today is breast cancer. Many women today have no time for fitness, indulge in unhealthy food, smoke and drink alcohol. Such a lifestyle can be the perfect recipe for breast cancer. Cervical cancer is known to occur because of a virus called the Human Papilloma Virus (HPV) which is transmitted through sexual contact. Bad local hygiene, low nutrition levels and an early marriage are major contributors to the risk factor.

3. Osteoporosis:

Women require certain essential nutrients like iron, folic acid and most importantly calcium during various stages in their life. Osteoporosis is synonymous with women and causes low calcium or weak bones leading to fractures. Low

exposure to sunlight and low dietary vitamin D also cause osteoporosis. A few preventive measures include:

- i) No smoking.
- ii) Minimizing alcohol intake.
- iii) Regular exercise.
- iv) Low-salt and calcium plus vitamin D-rich diet.

4. Diabetes:

Diabetes mellitus is a condition where the body can't maintain normal blood glucose levels. There are three types (type 1, type 2 and gestational), but type 2 is the most common and fastest growing of the 3. If undetected or poorly controlled, it can lead to blindness, kidney failure, heart attacks or strokes and may lead to amputation of the lower limb due to lack of blood supply.

A few tips to avoid diabetes:

- i) Weight reduction.
- ii) Exercise and eat a fiber-rich diet. Women related health issues are becoming a serious rising problem these days. A regular health check-up is necessary.



BLOOD TRANSFUSIONS & ORGAN/TISSUE TRANSPLANTS

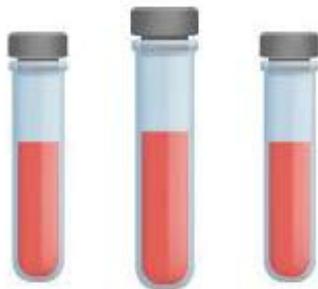


You cannot get HIV from donating blood. Blood collection procedures are highly regulated and safe

Blood Supply

HIV test and screening of all blood donations rapidly is universal:

- All blood donors are prescreened for HIV risk factors.
 - Blood donations are required to be tested both for presence of antibodies to HIV and for HIV ribonucleic acid (RNA). RNA testing detects HIV at an earlier stage than HIV antibody testing.
 - Blood and blood products that test positive for HIV are safely discarded and are not used for transfusions.
- Donors whose blood tests positive for HIV are notified by the collecting agency and are de-



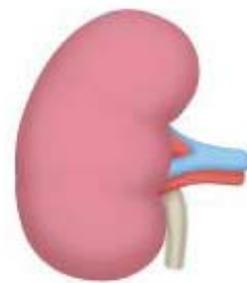
Testing donated blood ensures safety

ferred from further donations. It is important to know that you cannot get HIV from donating blood. Blood collection procedures are highly regulated and safe.

Do not donate Blood to Learn Your HIV Status

Some people think that donating blood is a better way to learn their HIV status than asking their doctor for an HIV test or visiting a clinic.

This is not true. You should not donate blood to find out if you are HIV-positive. Why? Because the HIV tests used to screen do-



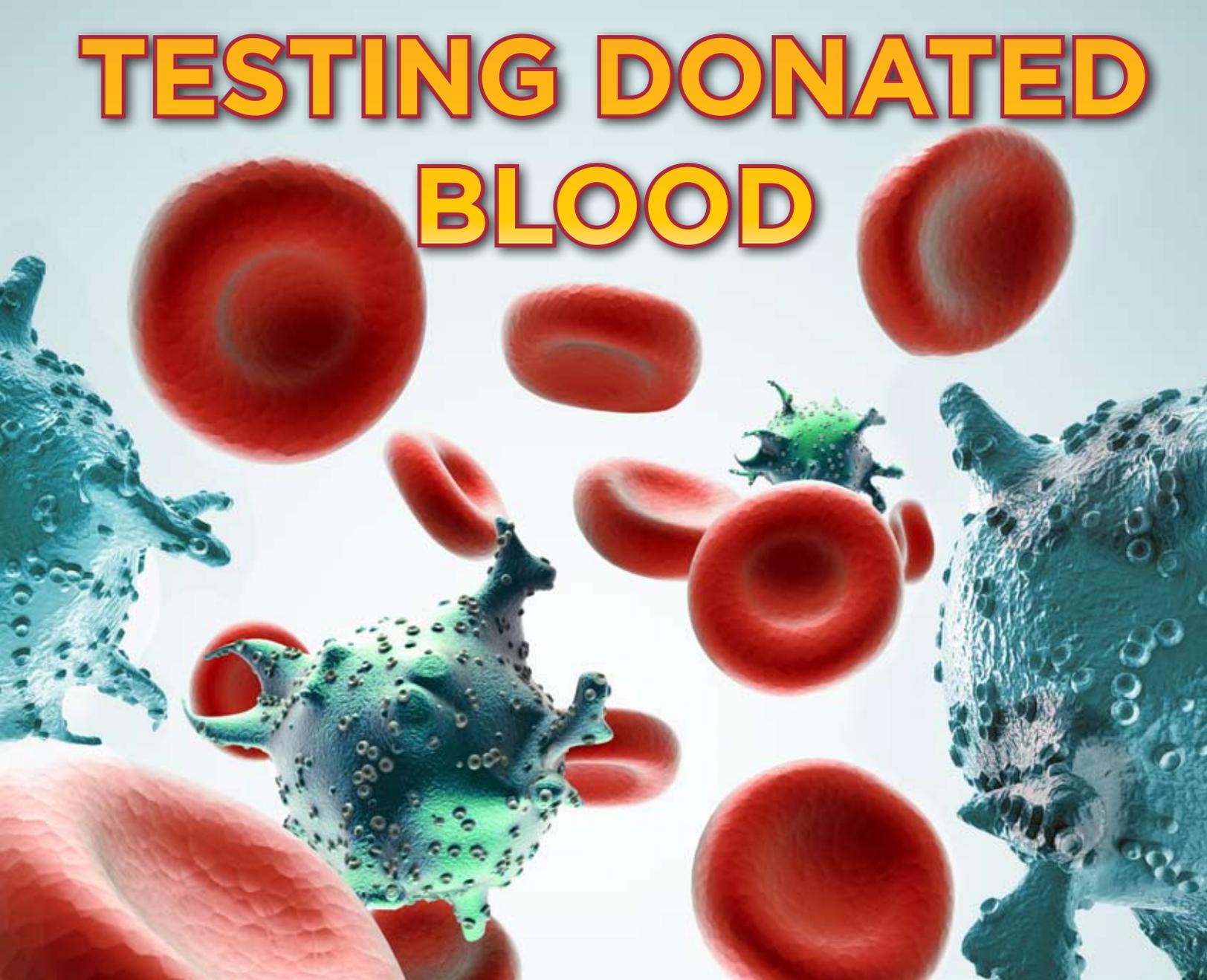
The risks of Transplant-related HIV Infection are low.

nor blood are highly accurate—but they aren't perfect. If you have been infected with HIV recently, even the most sensitive test may not show it, and you can infect others if your blood is transfused to them.

If you have engaged in high-risk sexual or drug taking behaviors, you should not donate blood. It is important, though, to learn your HIV status. You can get an HIV test at a number of places, including your local health clinic, or doctor's office or at many local AIDS service organizations, community-based organizations.

By getting an HIV test, you can protect your own health, as well as the health of people who need blood! .

TESTING DONATED BLOOD



Health Centres have responsibilities related to maintaining the safety of blood, as well as tissues, blood stem cells, and organs.

It is a requirement that each unit of donated blood is tested for the following infectious agents to ensure its safety:

- Hepatitis B and C viruses (HBV and HCV), which cause inflammation of the liver.
- Human Immunodeficiency viruses (HIV-1 and HIV-2), the viruses that cause AIDS.
- Human T-Lymphotropic Virus (HTLV-1 and HTLV-2), which causes infections that can lead to leukemia or neurologic disease.
- *Treponema pallidum*, the bacterium that causes syphilis.

Organ/Tissue Transplants

The risks of transplant-related HIV infection are low. All organ and tissue donors are

screened for risk factors, and tested for HIV and other infectious agents that potentially could be transmitted through transplantation. However, although HIV tests are highly accurate, the tests do not always detect the virus in people with very recent infection. Unexpected transmission of HIV, HBV, and HCV from infected donors has been reported in heart, liver, kidney, and pancreas recipients.

Organ donor screening

Organ Procurement and Transplantation policies require specific screening tests that must be performed in potential organ donors before the organs can be used for transplantation.

All organ donors, living and deceased, are routinely screened for HIV as well as HBV and HCV. In addition, the guidelines recommend the use of the latest, most sensitive laboratory

tests so that patients can be informed of risks to the greatest extent possible and protected from unintentional infections caused by transplanted organs.

Cell and Tissue donor screening

People with risk factors or who test positive for infectious diseases cannot donate cells, tissues, or tissue-based products. All cell and tissue donors are screened and tested for HIV-1 and HIV-2, as well as HBV and HCV. Depending on the type of cell or tissue being donated, some donors are also screened and tested for HTLV-1 and HTLV-2; syphilis; chlamydia; and gonorrhea. In addition, all donors are also screened for risk factors for West Nile Virus and human transmissible spongiform encephalopathy, including Creutzfeldt-Jakob disease.

HEARTCARE AND BYPASS SURGERY



Your heart is one of the most important organs of the body. Yet it is ignored as it is expected to silently keep on beating throughout our lives.

Not many realize it, but the heart is a cardinal part of our health and hence taking care of our cardiovascular system becomes a vital element in maintaining our livelihood.

Daily stress, lack of exercise in our busy schedule and an improper diet can distort our heart and leave us with at a higher risk of diseases linked to the heart, such as heart attack or stroke.

Like any other muscle in the body, the heart requires preventive care to perform effectively and more efficiently. While some people are afflicted with congenital heart disease, most people are themselves responsible for their heart's poor health.

Fortunately, with lifestyle changes, many of these contributing factors can be lessened and even eliminated entirely.

So, let's bring our cardiovascular system into focus. It is imperative to take care of this life giver and have a healthy heart for our healthy

lives. Few measures to keep your heart pumping the way you like it.

- Lowering the intake of fats and sweets.
- Eat more green leafy vegetables in our diet, instead of junk.
- Include olive oil in our daily cooking.
- Exercise daily.
- Take a good amount of sleep to relax your mind and body.
- Practice stress management.

But, what if someone is already suffering from cardiovascular diseases?

Here we have to take into account the physiology of the patient and come to terms that the person is, or might soon be, beyond precautionary care.

The very definition of disease includes a mention of a cure and the cure happens to be Bypass Surgery.

Even the thought of a 'Bypass Surgery' is scary to many. What's worse are the myths and unfounded fears surrounding the medical procedure – the surgery itself. The growing number of cardiovascular cases throughout the world also serve as a rich source of hor-

ror magical stories of gross negligence and incompetence.

As happens to be the norm of our world, these stories hold more re-telling and 'sharing' potential than the news of tremendous medical advancement in Cardiovascular field and the many lives it has pulled back from the brink.

First Step To Knowing Cardiac Surgery: A short description of a Bypass Surgery

The first step towards a Bypass Surgery is a general anesthesia to the patient. The idea is to make the patient fall asleep (unconscious) and pain-free during surgery.

Heart bypass surgery then continues with an incision made in the chest, with the breastbone cut exposing the heart.

Next, a portion of the saphenous vein is harvested from the inside of the leg. Pieces of this great vein will be used to bypass the blocked arteries in the heart.

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HEARTCARE AND BYPASS SURGERY

FROM PAGE 06

The venous graft is sewn to the aorta and to the affected coronary artery past the blocked site.

The internal mammary artery from the chest may also be used to bypass a clogged artery. Several arteries may be bypassed depending on the condition of the heart.

Types of Bypass Surgery:

In simple terms, Heart Transplant Surgery remove a person's diseased heart and replaces it with a healthy heart from a deceased donor.

Surgeons can use different approaches to operate on the heart and the approach will depend highly on the patient's heart problem, general health, and other factors.

On the basis of Traditional Approach used by the Surgeons, there are mainly three types of Bypass Surgeries.

They are:

- Open-heart Surgery
- Off-Pump Heart Surgery
- Minimally Invasive Heart Surgery

Open-Heart Surgery:

Open-heart surgery is any kind of surgery in which a surgeon makes a large incision (cut) in the chest to open the rib cage and operate on the heart.

“Open” refers to the chest, not the heart.

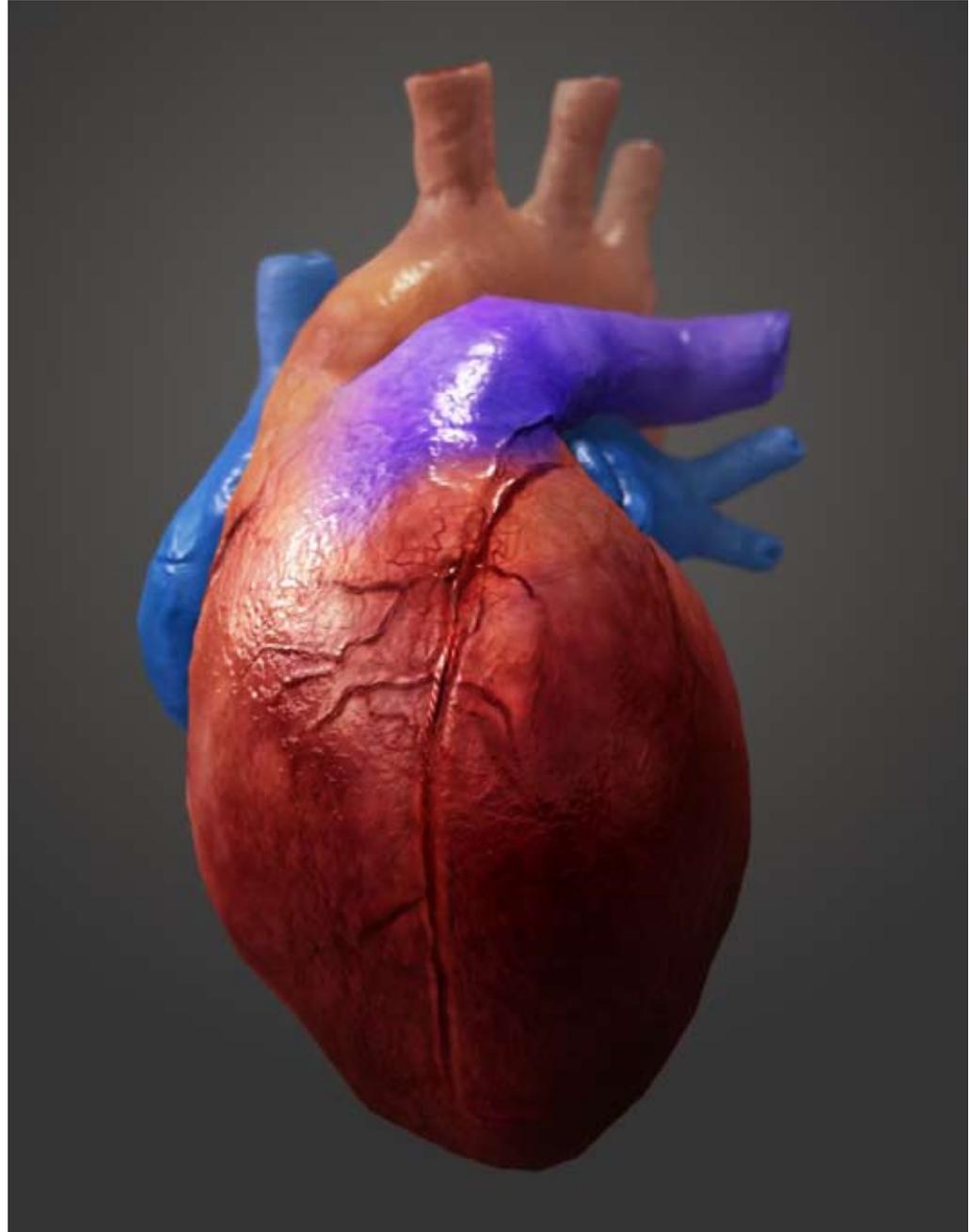
Depending on the type of surgery, the surgeon also may open the heart.

Open-heart surgery is used to do CABG, repair or replace heart valves, treat atrial fibrillation, do heart transplants, and place VADs and TAHs.

Off-Pump Heart Surgery:

Surgeons also use off-pump, or beating heart, surgery to do CABG. This approach is like traditional open-heart surgery because the chest bone is opened to access the heart. However, the heart hasn't stopped, and a heart-lung bypass machine isn't used.

Off-pump heart surgery isn't right for all patients. Work with your doctor to decide whether this type of surgery is an option for you. Your doctor will carefully consider your heart



problem, age, overall health, and other factors that may affect the choice of surgery method.

Minimally Invasive Heart Surgery:

Small incisions (cuts) in the side of the chest between the ribs are used as access points to the heart. Minimally invasive heart surgery is used to do some bypass and maze surgeries.

It's also used to repair or replace heart valves, insert pacemakers or ICDs, or take a vein or artery from the body to use as a bypass graft for CABG.

One type of minimally invasive heart surgery that's still being developed is robotic-assisted surgery. For this surgery, a surgeon uses a computer to control surgical tools on thin robotic arms.

DML MOBILE APP

Diafirm Medical Laboratories continue bringing innovative technology to benefit the Clients. Yes!! Yet another first in Botswana, Diafirm will soon launch its **MOBILE APPLICATION** for Clinical Reports which can be seamlessly accessed by Patients, Doctors and Referrals. The application will connect and synchronizes Clinical Reports through your Mobile devices confidentially.

The application supports Android and IOS mobile devices.

With DML Email & SMS reporting the sample action will be known upon Authorisation of Reports whereas **DML MOBILE APP** provides status of samples as it happens. Doctors, Referrers and Patients can view the sample action in every stage of processing.



ADVANTAGES:

- Status of test report(s) on the move, anytime.
- Report readiness alert once authorized, which eliminates frequent checking of App for the readiness.
- Department wise availability of test report.
- Eradication of frequent checks or phone calls to the laboratory for the sample status and test report
- Test reports in PDF format, allows the user to view in whatever ways they want, like Zoom, Search, etc., but not alter the same.
- Test report availability of Patients referred to the laboratory, when ready, eliminating the need of the patient to produce the test report physically.
- Enables high patient care, not only for the laboratory but to the Physicians also.
- Easy and user friendly to use

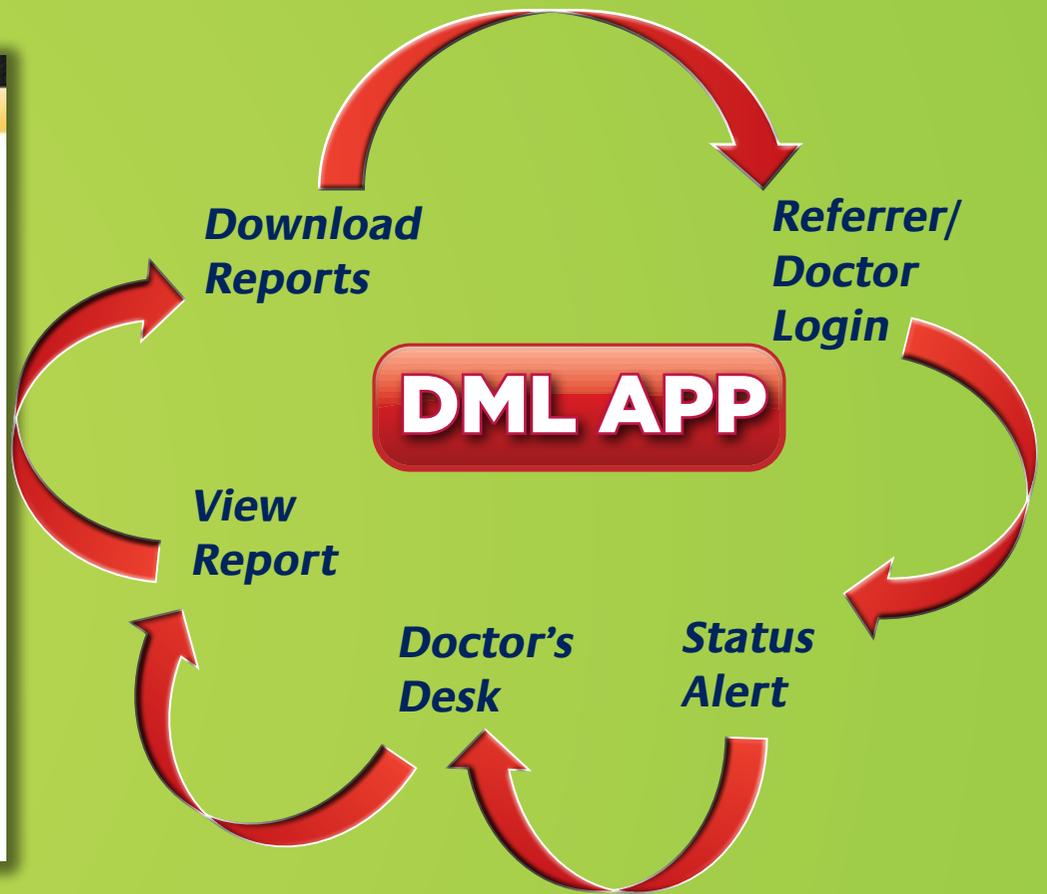
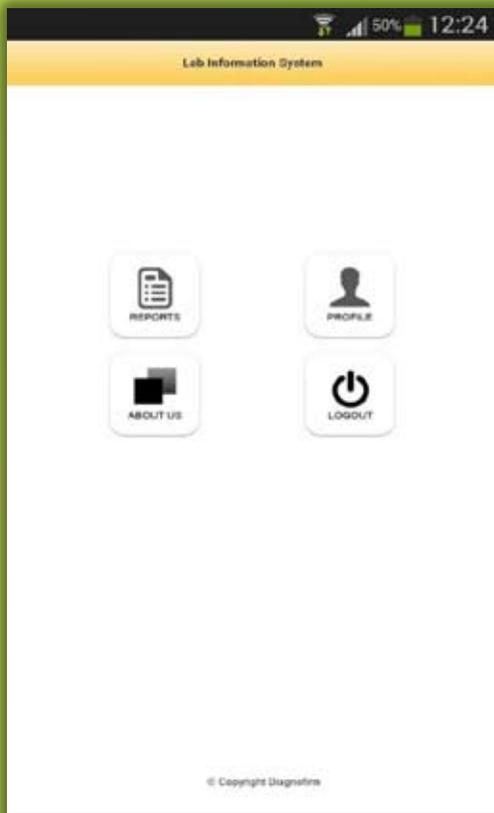
FEATURES:

- **PATIENT LOGIN** - Patients can log in using their account and their reports (including past and current reports) can be viewed at any point of time
- **DOCTOR / REFERRAL LOGIN** - Test reports of Patients referred by them can be viewed
- If logged in, once the final test report is Authorised, user will be alerted on the same
- Upon clicking the **OK** button of alert, Test Report will be viewed in PDF format
- Patient / Referrer profile with basic demographics can be viewed under Profile

DML MOBILE APP

FUTURE APP

- Doctor Request Form
- Clinical Notes



**Diagnofirm Mobile
Application
Screenshot**



DIAGNOFIRM
MEDICAL LABORATORIES
Pathology you can trust!

SOLUTIONS FOR PRENATAL CARE – COMPLETE SYSTEMS TO MONITOR HEALTH DURING PREGNANCY

Screening during pregnancy is a multidisciplinary activity that may involve clinicians, midwives, laboratories, ultra sonographers, epidemiologists and experts in public health. It is used to identify those pregnancies in which there is a relatively greater risk of fetal disorder that will cause the child, if it survives to term, to be born disabled.

Of the various diseases and categories of diseases that might constitute an anomaly, those most commonly associated with screening programs are trisomies (such as Down syndrome), in which the child has an additional chromosome, and open neural tube defects (ONTD's).

Why establish a maternal health screening program?

The case for maternal health screening is usually based on two issues.

It eases the burden on couples that face the crisis of a major pregnancy disorder, and it provides potential cost savings for society.

Early positive identification of a fetal disorder gives parents time to prepare themselves and make informed decisions based on calm consideration.

They will have access to professional counseling, and will learn about the likely consequences of continuing with the pregnancy. They will have time to discuss the situation



with family and with others that they trust, and can, for example, be put in contact with specialist organizations where they will be able to meet other couples that have faced a similar situation.

Prematurity and maternal pre-eclampsia are, however, today's major causes of newborn mortality. To reduce these losses, intervention is needed before birth.

Now it is possible to screen for pre-eclampsia in the first trimester by measuring PIGF (placental growth factor). PIGF is the biochemistry marker of choice for assessing pre-eclampsia risk, and used together with the other FTS markers also improves the performance of T21 screening in the first trimester.

Whenever a society wishes to practice systematic prenatal testing, there can be little doubt as to the value of screening as part of the whole process. Based on the latest tools and methods, screening is both cost-effective and safe.

The nature of maternal health screening

The basis of screening is to make a measurement of a marker that correlates with the fetal disorder being checked. In practice, the use of maternal age alone (+35) as a screening method is too uncertain. It will pinpoint large numbers of pregnancies in older women where there is no fetal disorder (false positive results). Conversely, maternal age alone will miss the majority of affected pregnancies (false negative results).

This is because most pregnancies are in younger women, so even though the risk is lower, absolute numbers of affected pregnancies are higher.

The fact that maternal age alone is a poor screening test has led to the development of more sophisticated methods of screening based on biochemical markers and mea-



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Measurements made from ultrasound scans. Measurement of maternal serum levels of certain marker proteins represents an inexpensive and non-invasive testing method. Using the latest analysis tools, reliable results can be obtained quickly.

First trimester screening v. second trimester screening

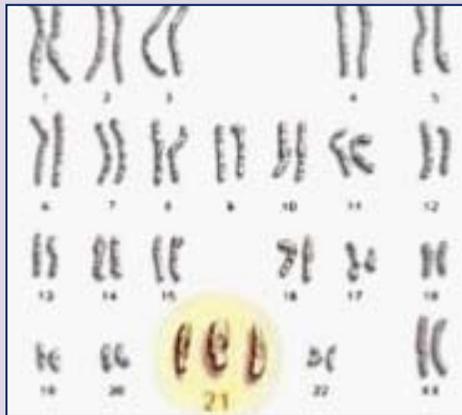
The duration of a pregnancy is normally about 40 weeks and this is divided into three trimesters.

The first trimester is the time period extending from the first day of the last menstrual period to 13 weeks and 6 days (henceforth written 13+6 weeks) of gestation. The sec-

ond trimester extends from 14+0 weeks to 27+6 weeks, while the third trimester is from 28+0 weeks until delivery.

The trend today is for prenatal testing for trisomies such as Down syndrome to be carried out as early as possible - in the first trimester of pregnancy.

First trimester testing has the major advantage of providing more time for consideration and action if the risk of anomaly is found to be high. The currently-used preferred serum markers for first trimester testing are free hCGβ and PAPP-A. Together with fetal nuchal translucency (NT) thickness measurement by ultrasound, the serum markers have shown themselves to be highly effective.



Traditionally, screening for both trisomies and NTD's has been performed in the second trimester of pregnancy. Information on the relative concentrations of AFP, hCG or free hCGβ, uE3 and inhibin-A is obtained by means of a blood test usually carried out between weeks 15 and 18.

Prenatal testing for

- Assessing risk of chromosomal abnormality
- Diagnosing chromosomal abnormality
- Assessing risk of neural tube defect
- Monitoring fetal well-being
- Monitoring maternal health
- Our products include maternal serum and blood spot assays, DNA tests, instruments, and data management and risk calculation software.

Effective screening for aneuploidies means fewer invasive procedures. In detecting chromosomal abnormalities, an optimal screening strategy leads to a reduction in invasive procedures such as amniocentesis, potentially benefiting both mother and child. Using the right combination of markers and high quality assays, high detection rates can be achieved with low numbers of pregnancies screened positive.

Acknowledgements: Michelle Ephraim - Perkin Elmer South Africa

**Alere q
HIV PCR Test**

DIAGNOFIRM will soon be introducing a point of care HIV PCR test, the Alere q. The fully automated analyzer and smartly designed cartridge eliminates the complexity of molecular diagnostics for the operator. There is no sample manipulation required between extraction, amplification and detection.

This eliminates contamination concerns and analytical mistakes. The analyzer can be interfaced to any laboratory information system (LIS) allowing results to be transmitted to the laboratory computers for report generation hence eliminating any transcription errors. The analyzer uses a very small amount of whole blood (~25µL) making it ideal for early infant diagnosis.



The Alere q fills a gap in the diagnosis of HIV especially in early infant diagnosis. Antibody point of care tests cannot discriminate between a mother's and infant's antibodies hence cannot detect if an infant has been infected with HIV. Virologi-

cal testing of HIV nucleic acids (for example PCR) is required for an accurate diagnosis in infants. Currently all PCR requests are being sent to a referral laboratory which releases the results after 3 days. The Alere q will allow for the results to be released within one

and a half hours at a more affordable cost. This means that all infant samples and HIV discordant samples will be resulted on the same day of request. This will help the doctors make treatment decisions in a timely manner.

WORLD AIDS DAY

DECEMBER 1 2014



The 2014 theme for World AIDS Day is “Focus, Partner, Achieve: An AIDS-free Generation.”

There are several steps you can take to reduce your risk of getting HIV through sexual contact, and the more of these actions you take, the safer you can be. These actions include:

- **Choose less risky sexual behaviors.**

Oral sex is much less risky than anal or vaginal sex. Anal sex is the highest-risk sexual activity for HIV transmission. If you are HIV-negative, insertive anal sex (“topping”) is less risky for getting HIV than receptive anal sex (“bottoming”). Remember: HIV can be sexually transmitted via blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluid, and vaginal fluid. Sexual activities that do not involve the potential exchange of these bodily fluids (e.g. touching) carry no risk for getting HIV.

- **Use condoms consistently and correctly.**

When used consistently and correctly, condoms are highly effective in preventing HIV.

- **Reduce the number of people you have sex with.**

The number of sex partners you have affects your HIV risk. The more partners you have, the more likely you are to have a partner with HIV whose viral load is not suppressed or to have a sex partner with a sexually transmitted disease. Both of these factors can increase the risk of HIV transmission. Remember: one in six people living with HIV in the U.S. are unaware of their infection.

- **Talk to your doctor about pre-exposure prophylaxis (PrEP).**

PrEP is taking HIV medicine daily to prevent HIV infection. PrEP should be considered if you are HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered if you are HIV-negative and have had a sexually transmitted disease (STD) or any anal sex (receptive or insertive) with a male partner without condoms in the past six months

and are not in an exclusive relationship with a recently tested, HIV-negative partner.

- **Talk to your doctor right away (within 3 days) about post-exposure prophylaxis (PEP) if you have a possible exposure to HIV.**

An example of a possible exposure is if you have anal or vaginal sex without a condom with someone who is or may be HIV-positive, and you are HIV-negative and not taking PrEP. Your chance of exposure to HIV is lower if your HIV-positive partner is taking antiretroviral therapy (ART) consistently and correctly, especially if his/her viral load is undetectable. Starting PEP immediately and taking it daily for 4 weeks reduces your chance of getting HIV.

- **Get tested and treated for other sexually transmitted diseases (STDs) and encourage your partners to do the same.**

If you are sexually active, get tested at least once a year. STDs can have long-term health consequences. They can also increase your chance of getting HIV or transmitting it to others.

- **If your partner is HIV-positive, encourage your partner to get and stay on treatment.**

ART reduces the amount of HIV virus (viral load) in blood and body fluids. If taken consistently and correctly, ART can keep people with HIV healthy for many years, and greatly reduce their chance of transmitting HIV to sex partners. Of course, you can also reduce your risk of getting HIV by not having sex. If you aren't having sexual contact, you are 100% protected from getting HIV in that way. Alternatively, if you are having sex, you can reduce your risk if you and your partner have both been tested and know that you are both HIV-negative and you practice monogamy. Being monogamous means: 1) You are in a sexual relationship with only one person and 2)

Both of you are having sex only with each other.

However, monogamy won't protect you completely unless you know for sure that both you and your partner are not infected with HIV.

Sexual Practices And HIV Risk

The risk of getting HIV through sexual contact varies widely depending on the type of sexual activity. Some activities carry a much higher risk of HIV transmission than others.

Your risk depends on several other factors as well, including whether you and your partner are using a condom and—if one of you is HIV-positive—whether the partner who is HIV-positive is using ART consistently and correctly and has achieved a suppressed viral load, and whether the partner who is HIV-negative is using PrEP consistently and correctly. Condoms and HIV medicines can greatly lower the risk of transmitting HIV. Here is a list of some sexual practices, the risks they pose for transmitting HIV, and steps you can take to lower your risk of getting HIV:

- **Receptive Anal Sex (Bottoming)**

1. The risk of getting HIV from receiving anal sex (penis in the anus or “bottoming”) without a condom is higher than any other sexual activity.
2. The partner receiving anal sex (bottom) is at greater risk of getting HIV than the partner performing anal sex (top) because the lining of the rectum is thin and may allow HIV to enter the body.
3. HIV can be found in the blood, semen (cum), pre-seminal fluid (pre-cum), or rectal fluid of a person infected with the virus, so having your partner pull out before he ejaculates (cums) may not decrease your risk.
4. Do not douche before anal sex. Douching irritates the lining of your rectum and this can increase your risk for getting HIV. If you are concerned about cleanliness, clean the rectum gently, with a soapy finger and water.
5. If you are bottoming, always use a new condom with a water-based lubricant. This will help minimize damage to your rectum during sex and lower your risk of getting HIV and other STDs.

Diagnofirm took part in the Sprint Couriers pull a truck challenge on 29 November 2014. The proceeds from the challenge were donated to the Diabetes Association of Botswana, Motswedi Rehabilitation Centre and I A M Special Education Society



Capital Bank Profile

Overview

Capital Bank Botswana Limited (CBL) commenced commercial operations in Botswana on the 7th of July 2008 with its first branch in Gaborone. It now has four branches, the others being in Francistown, Mogoditshane and Broadhurst.

The Bank provides all types of commercial banking services including transactional accounts, savings and deposit accounts, loans and guarantees, foreign exchange services, international banking and electronic banking.

Capital Bank is focused on customers and aims to achieve the highest standards of customer service. It uses technology to ensure convenience and efficiency for customers all over the world, and is a member of the Electronic Clearing House (ECH), Real Time Gross Settlement (RTGS) system and Society for Worldwide Interbank Financial Telecommunication (SWIFT).

Capital Bank is focused on customers and aims to achieve the highest standards of customer service.

CBL is affiliated to First Merchant Bank Limited (FMB), Malawi. FMB has a 38.6% shareholding in Capital Bank, with the remaining shares being held by other parties including local shareholders of Botswana. FMB was the first private sector bank to be granted a commercial banking license in Malawi and has been operating since 1995. FMB has shown remarkable growth over the years and was successfully listed on the Malawi Stock Exchange in June 2006.

Our regional partnerships also include Prime Bank (Kenya), First Capital Bank (Zambia) and Capital Bank (Mozambique).

Capital Bank Botswana is an ideal choice for simple and efficient cross border transactions and financing given the Bank's Group asset base of more than US\$375m, the regional partnerships and the no exchange control platform that Botswana offers.

Important Facts (Dec 2013)		
	Group	Capital Bank
Assets	BWP 3.2 billion	BWP 1.07 billion
Deposits	BWP 2.2 billion	BWP 0.89 billion
Equity	BWP 702 million	BWP 131.6million
Branches	44	4
Customer Base	572,460	8,500
Employee Count	1,117	122

Why Capital Bank:

- Customer focused
- Personalised service
- Competitive pricing
- Quick turnaround times
- Direct access to Executive Management
- Full range of banking products

Services Offered (in all major currencies):

- Savings Account
- Current Accounts
- Call Accounts
- Fixed Deposits
- Overdrafts and Loans
- Guarantees
- Letters of Credit
- Internet Banking
- SMS Alerts
- Electronic Statements
- Visa Debit Cards
- Foreign Exchange Services
- Factoring/ Invoice Discounting



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- ✓ Curtains
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- ✓ Uniform Materials
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