

CHAIN Number [1][0] [0][0][3] [][][]



Confirmatory HIV testing (if RDT positive): ALL SITES, WHEN INDICATED	
Date Sample taken	____ / ____ / ____ <i>D D / M M / Y Y Y Y</i>
Date Result received	____ / ____ / ____ <i>D D / M M / Y Y Y Y</i>
HIV antibody	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
HIV DNA PCR <input type="checkbox"/> Not done at this site	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
If HIV PCR+, Viral load <input type="checkbox"/> Not done at this site	_____copies/ml
If HIV PCR+ CD4 count <input type="checkbox"/> Not done at this site	_____/mm ³
If HIV PCR+CD4 % <input type="checkbox"/> Not done at this site	
Resistance <input type="checkbox"/> Not done at this site	