

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



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

If report is available, anonymise and staple to this form