

CHAIN Number [6][0] [0][0][1] [][][]



**Confirmatory HIV testing (if RDT positive):
ALL SITES, WHEN INDICATED**

Date Sample taken	____/____/_____ <i>D D / M M / Y Y Y Y</i>	<input type="checkbox"/> Unknown	
Date Result received	____/____/_____ <i>D D / M M / Y Y Y Y</i>	<input type="checkbox"/> Unknown	
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