

CHAIN Number [4][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

