

CHAIN Number [1][0] [0][0][2] [ ][ ][ ]



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

If report is available, anonymise and staple to this form