

Child Initials

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Confirmatory HIV Test Result			
<i>Follow National Guidelines for PITC and record the results here</i>			
Date PCR sample taken	____/____/____ <small>DD / MM / YY YY</small>	Date PCR result received	____/____/____ <small>DD / MM / YY YY</small>
HIV DNA PCR	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
If HIV PCR+ve, viral load	_____copies/ml <input type="checkbox"/> Not done at this site <input type="checkbox"/> NA		
If HIV PCR+ve, CD4 count	_____/mm ³ <input type="checkbox"/> Not done at this site <input type="checkbox"/> NA		
If HIV PCR+ve, CD4%	_____% <input type="checkbox"/> Not done at this site <input type="checkbox"/> NA		

CRF Completed by (Initials) <i>to be signed when complete</i>	____ <small>DD / MM / YY YY</small>	Date	Time
		____/____/____ <small>DD / MM / YY YY</small>	____:____ <small>24 h clock</small>