# Worksheet 06 : Full RDT Audit Form

Complete the information for the products presented following Module 3:

***Note: Update the highlighted text with local currency.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Brand name:** | **Parasite specie(s):**  1 Pf  2 Pf/Pan  4 Pf/Pv  5 Pan  8 Not indicated  96 Other; Specify: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | **Antigen test(s):**  1 HRP2  2 pLDH  3 HRP2/pLDH  4 HRP2/Aldolase  8 Not indicated  96 Other; Specify: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | **Manufacturer**  Name:  Country: | **Is this a self-administration test kit with its buffer, pipette and lancet?**  1 = Yes  0 = No  8 = Don’t know |
| **Quantity sold in the last 7 days :**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [brand name] tests | | | **Stocked out in last 3 months?**  1 = Yes  0 = No  8 = Don’t know | | |
| **In-house testing price to retail customers:**  *Total cost for a test conducted with a [brand name] RDT (including RDT cost and service fee) for:*  Adult: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer  Child: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | | **Take-away testing price to retail customers:**  *Total cost for a [brand name] RDT (including RDT cost and service fee) for:*  Adult: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer    Child: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | |
| **Price purchased from supplier:**  *Price of last purchase of this product from your supplier*  Number of RDTs purchased: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]  Total price: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX | | | **Wholesale price/ price for resale customers:**  *Minimum wholesale/ resale amount and price*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [brand] RDTs is the minimum amount sold by this outlet at wholesale or for resale and costs the outlets business customers [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]**XXX** for this quantity | | |
| **Additional comments:** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Brand name:** | **Parasite specie(s):**  1 Pf  2 Pf/Pan  4 Pf/Pv  5 Pan  8 Not indicated  96 Other; Specify: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | **Antigen test(s):**  1 HRP2  2 pLDH  3 HRP2/pLDH  4 HRP2/Aldolase  8 Not indicated  96 Other; Specify: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | | **Manufacturer**  Name:  Country: | **Is this a self-administration test kit with its buffer, pipette and lancet?**  1 = Yes  0 = No  8 = Don’t know |
| **Quantity sold in the last 7 days :**  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [brand name] tests | | | **Stocked out in last 3 months?**  1 = Yes  0 = No  8 = Don’t know | | |
| **In-house testing price to retail customers:**  *Total cost for a test conducted with a [brand name] RDT (including RDT cost and service fee) for:*  Adult: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer  Child: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | | **Take-away testing price to retail customers:**  *Total cost for a [brand name] RDT (including RDT cost and service fee) for:*  Adult: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer    Child: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX to the last retail customer | | |
| **Price purchased from supplier:**  *Price of last purchase of this product from your supplier*  Number of RDTs purchased: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]  Total price: [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]XXX | | | **Wholesale price/ price for resale customers:**  *Minimum wholesale/ resale amount and price*  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] [brand] RDTs is the minimum amount sold by this outlet at wholesale or for resale and costs the outlets business customers [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_]**XXX** for this quantity | | |
| **Additional comments:** | | | | | |