



LOGO

MINISTRY OF HEALTH

SAMPLE NO.
PXM0017886**SAMPLE COLLECTION DATE**
27-Jul-2016 00:00:00**ART (TRACNET) NO.**
10010011**PATIENT FIRST NAME****PATIENT LAST NAME****MOBILE NO.****AGE**
39**GENDER**
F**CLINIC/HEALTH CENTER CODE**
CS-CA**Province/State****District/County****CLINIC/HEALTH CENTER NAME**
CS-CA**CLINICAN NAME**
YAD**SAMPLE RECEIPT DATE****SAMPLE TEST DATE****SPECIMEN TYPE**
Dry Blood Spot**PLATFORM****VIRAL LOAD RESULT (copies/ml) : tnd**

Viral load adequately controlled : continue current regimen

TND* - Target not Detected**APPROVED BY :****PREVIOUS RESULTS****Date of Last Viral Load Test :****Result of previous viral load(copies/ml) :**

☺ = VL <= 1000 copies/ml: Continue on current regimen

☹ = VL > 1000 copies/ml: copies/ml: Clinical and counselling action required

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