



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****PLATFORM**

Dry Blood Spot

**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 &lt;= 1000 copies/ml: Continue on current regimen

☹ = VL &gt; 1000 copies/ml: copies/ml: Clinical and counselling action required

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