



MINISTRY OF HEALTH

## Viral Load Request Form

### Facility Details

Facility Name: ..... County: .....  
MFL Code: ..... Sub-county: .....  
Facility/CCC email: ..... Clinician's phone no.....  
Facility/CCC phone no..... Clinician's Name: .....

### Facility Laboratory details

Date & Time sample dispatched: .....  
Lab focal person phone contact: .....  
**Hub details**  
Date and time sample dispatched: .....  
Hub focal person phone contact: .....

No	Patient Name	CCC No <small>Indicate full ccc number of the clients as it appear in the patient file. (MFL-XXXX)</small>	DOB <small>(dd/mm/yyyy)</small>	Sex	If female, select the following <small>1= Pregnant 2= Breast feeding 3= None of the above</small>	Sample type <small>(select from code below)</small>	Date & Time of collection	Date & Time of separation /centrifugation	Date started on ART	Current ART Regimen <small>(select from code below)</small>	Date initiated on current regimen	Justification code <small>(select from code below)</small>	Rejection <small>(for reason select from code below)</small>	
													Y/N	Reason
1														
2														
3														
4														
5														

### Code for Sample Type:

1= Frozen plasma 2= Whole Blood  
3= DBS

### Code for Justification: 1= Routine VL 2=confirmation of

treatment failure (repeat VL) 3= Clinical failure 4= Single drug substitution 5=Baseline VL (for infants diagnosed through EID)  
6=Confirmation of persistent low level Viremia (PLLV)

**Code for Sample Rejection:** 1=Missing Sample 2=Hemolysed sample 3=Missing patient ID 4=Sample request form& sample mismatch 5=Delayed delivery 6=Serum ring 7=Expired filter paper/tubes 8=Specimen processing delay 9=No request form 10=Improper packaging 11= Improper drying/shipment 12=insufficient volume 13=poor collected DBS 14= Incorrect container 15=Other (Specify)

### ADULT ART REGIMEN CODES:

**1<sup>ST</sup> LINE:** | **AF2E** =TDF+3TC+DTG | **AF2B** =TDF+3TC+EFV | **AF1D** =AZT+3TC+DTG | | **AF1B** =AZT+3TC+EFV | **AF4B** =ABC+3TC+EFV | **AF4C** =ABC+3TC+DTG | **AF2D** =TDF+3TC +ATV/r | **AF2F** =TDF+3TC +LPV/r | **AF1E** =AZT+3TC+LPV/r | **AF1F** =AZT+3TC+ATV/r | **AF2A** =TDF+3TC+NVP | **AF1A** =AZT+3TC+NVP | **AF4A** =ABC+3TC+NVP | **AF5X** =Other (Specify)  
**2<sup>ND</sup> LINE:** | **AS1A** =AZT+3TC+LPV/r | **AS1B** =AZT+3TC+ATV/r | **AS1C** =AZT+3TC+DTG | **AS2A** =TDF+3TC +LPV/r | **AS2B** =TDF+3TC+DTG | **AS2C** =TDF+3TC +ATV/ | **AS5A** =ABC+3TC+LPV/r | **AS5B** =ABC+3TC +ATV/r | **AS5C** =ABC+3TC+DTG | **AS6X** =Other  
**3<sup>RD</sup> LINE:** **AT2D** | =TDF+3TC+DTG+DRV/r | **AT2E** | =TDF+3TC+RAL +DRV/r | **AT2F** | =TDF+3TC+DTG+ETV+DRV/r | **AT2X** | Other

### PAEDIATRIC ART REGIMEN CODES:

**1<sup>ST</sup> LINE:** | **CF2B** =ABC+3TC+EFV | **CF2D** =ABC+3TC +LPV/r | **CF2A** =ABC+3TC+NVP | **CF2F** =ABC+3TC+RAL | **CF1A** =AZT+3TC+NVP | **CF1B** =AZT+3TC+EFV | **CF1C** =AZT+3TC+LPV/r | **CF5X** |Other)  
**2<sup>ND</sup> LINE:** | **CS1A** | =AZT+3TC+LPV/r | **CS2A** | =ABC+3TC+LPV/r | **CS1C** | =AZT+3TC+DRV/r+ RAL | **CS2D** | =ABC+3TC+DRV/r+ RAL | **CS4X** |Others)  
**3<sup>RD</sup> LINE:** | **CT1H** | =AZT+3TC+DRV/r+ RAL | **CT2D** | =ABC+3TC+DRV/r+ RAL | **CT3X** |Other

### Viral Load Requisition form Instructions

Facility Details	<p>All details in this section must be filled out at the facility. The following is required to be filled out:</p> <ol style="list-style-type: none"> <li>1. Facility Name and MFL Code (which has been provided by county records and information office must be five digits)</li> <li>2. Facility/CCC email address (this should be a facility email address and not a personal address)</li> <li>3. Facility/CCC Phone number</li> <li>4. County name in full e.g. Homabay and not H/bay</li> <li>5. Sub-county name in full e.g. Kisumu East and not K.East</li> <li>6. Requesting clinician phone number (the phone number for the clinician who has requested for VL test)</li> <li>7. Requesting clinician name (the name for the clinician who has requested for VL test)</li> <li>8. Fill out the date (DD/MM/YYYY. e.g. 26/03/2015) and time the samples were dispatched from the facility. This will help the facility track when samples were dispatched from the site and received at the testing laboratory</li> <li>9. Contact name of VL focal person at the facility</li> </ol>
Hub Details	<ol style="list-style-type: none"> <li>1. Fill out the date and time (DD/MM/YYYY. e.g. 26/03/2015) the samples were dispatched from the hub to the testing lab. This will help the facility track when samples were dispatched from the site and received at the testing laboratory</li> <li>2. Contact name of VL focal person at the facility</li> </ol>
Individual sample information	<p>The information of this section must ALL be completed. The information required in this section can be derived from the HIV Patient Care Card MoH 257. The space provided is sufficient for 5 samples. Additional samples can be filled out in another form.</p> <p>The information required:</p> <ol style="list-style-type: none"> <li>1. Patient Name-Enter the client's full names in the order: first name, middle and last.</li> <li>2. CCC No. - Number that can be retrieved from the ART register at CCC. This should be a unique number for each patient on ART in the facility. The nomenclature for the CCC No is: Facility # from the Master Facility List (MFL) - Client Serial Number Where;             <ol style="list-style-type: none"> <li>a) The first five digits represent the health facility Master Facility Number (e.g. 11740 for Port Reitz District Hospital as allocated by MFL.)</li> <li>b) The last five digits represent a sequential number generated at the CCC by the officer responsible for registration of HIV care Clients e.g. health records officer, nurse or data clerk (e.g. 00001 for the first client into HIV care in this facility).</li> <li>c) In this example, the resultant unique number would be written as 11740-00001.</li> </ol> </li> <li>3. DOB- Copy date of birth from the Green Card and enter it in the cell in the format DD/MM/YYYY.</li> <li>4. Sex-Enter sex of the client as either M for Male or F for Female</li> <li>5. Sample type: select from the list of codes indicated in box for code sample type e.g.1= Frozen plasma <b>2=</b> Whole Blood <b>3=</b> DBS</li> <li>6. Date &amp; Time of collection - Fill the date sample was collected at site in the format of DD/MM/YYYY e.g. 26/03/2015. Enter time whole blood or DBS was collected.</li> <li>7. Date &amp; Time Separation / centrifugation - Fill the date sample was separated/centrifuged at the site in the format of DD/MM/YYYY e.g. 26/03/2015. Enter time whole blood separated/ centrifuged</li> <li>8. Date started ART: Fill in the date that an ART naïve patient was initiated on ART in the format (DD/MM/YYYY)</li> <li>9. Current ART regimen: select the ART regimen that the patient is on at the time of VL request from the ART regimen code listed in box e.g. AF2E= if patient is currently on TDF+3TC+DTG.</li> <li>10.Date Initiated on current regimen: Fill in the date patient was started on current (at time of VL request) regimen in the format (DD/MM/YYYY)</li> <li>11.Justification code: Use the codes in the box below e.g. 1= Routine VL; 2= Confirmation of treatment failure (repeat VL at 3M); 3= Clinical failure; 4= Single drug substitution; 5= Baseline 6=Confirmation of persistent low level viraemia (LLV)</li> <li>12.Rejections: Fill "Y" if rejecting a sample. Use the codes in the box below to Indicate reasons for rejection</li> </ol>