## Version 01 Effective 01 October 2016

Facility Name	Date Sample Dispatched	Time of sample dispatch
Facility MFL code	VL focal person's name	Requesting clinician Name
County Name	VL focal person's phone number	Requesting clinician phone number
Sub county Name	Facility emailFacility phone	Clinician email

No	Patient Name	CCC NO Indicate full ccc number of the clients as it appear in	DOB (mm/dd/yyyy)	Sex	If female, select the following 1= Pregnant 2= Breast feeding 3= None of the	Sample type (select from code below)	Date of collection/ Time of collection	Date of separation / Time of separation	Date started on ART	Current ART Regimen	Date initiated on current	Indicate 1 <sup>st</sup> line (1) or 2 <sup>nd</sup> line(2)	Justification code (select from code below)	Reje (for reas from coo	ection son select de below)
		the patient file.	(mm/dd/yyyy)		above	Delow)				code below)	regimen			Y/IV	Reason
1															
2															
3															
4															
5															

Code for Sample Type: 1= Frozen plasma 2= Venous blood (EDTA 3=DBS capillary (infants only) 4= DBS venous 5= PPT

<u>Code for Justification:</u> 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)

Code for Sample Rejection 1=Improper collection 2=Incorrect container 3=Missing patient ID 4=Sample request & sample mismatch 5=Delayed delivery 6=Serum ring 7=Expired filter paper/tubes 8=Specimen processing delay 9=No requisition form 10=Improper packaging 11= Improper drying/shipment 12=nsufficient volume 13=poor collected DBS 14= Other (sample missing,e.t.c)

<u>ART REGIMEN CODES:</u> 1= TDF+3TC+EFV | 2= TDF+3TC+NVP | 3= TDF+3TC +DTG | 4 = AZT+3TC+NVP | 5= AZT+3TC+EFV | 6= ABC+3TC+EFV | 8= ABC+3TC+EFV | 8= ABC+3TC+DTG | 9= ABC+3TC+LPV/r | 10= AZT+3TC+LPV/r + RTV | 11= TDF+3TC +ATV/r | 12 = ABC+3TC+DTG | 13= ABC+3TC+ATV/r | 14= AZT+3TC+ATV/r | 15= AZT+3TC+DRV/r | 16= Other please specify