Facility Routine Data Quality Assessment Form (FRDQA 2)

Weekly EPMS/EDT Patient Status Change Reconciliation Form

Date: DD/MMM/YYYY

From: **ART Clinic Data Records Office / ARV Pharmacy** *(circle appropriate sender description)*

TO: ART Clinic Data Records Office / ARV Pharmacy *(circle appropriate sender description)*

Please note that the status of the following patients have changed in the EPMS/ EDT *(circle the relevant system description)* System. Kindly update your system accordingly:

Unique Number	EDT Number	Patient Full Name	Status Change		Date of Status Change in System
			From	To	

Instructions: Weekly Reconciliation and communication of EPMS/EDT patient status change (Using FRDQA Form 2)

1. Record each patient status change on **FRQA 2** on weekly, and regularly send completed forms to your counterpart on weekly basis ***(Pharmacy and Data Clerk).***

2. Receive and effect any status changes as requested by your counterpart on weekly basis.

3. Monthly checks **by Clinic Managers** to ensure that status changes requested by either the Pharmacy or the Data Clerk were effected.