



The United Republic of Tanzania  
Ministry of Health and Social Welfare  
NATIONAL AIDS CONTROL PROGRAM



# Chunya

## District Summary

Start Date: End Date:

	Sample ID	Testing Lab	Region	District	Facility	Sex	DOB	Age	Infant Propholaxis	Date Collected	Spots	Received Status	Reject Reason /Repeat Reason	HIV Status of Mother	PMTCT Intervention	Breast Feeding	Entry Point	Date of Receiving	Date of Testing	Date of Dispatch	Test Results
1	1	something	Mbeya	Chunya	Idodi Health Centre	M	2014-06-10	0	-1	2014-06-02	2	something	something	something	something	something	something	something		0000-00-00	
2		something	Mbeya	Chunya	Ifunda Government Dispensary	F	2014-07-16	0	-1	2014-07-09	2	something	something	something	something	something	something	something		0000-00-00	
3	3	something	Mbeya	Chunya	Ifunda Government Dispensary	M	2014-07-16	0	2	2014-07-16	3	something	something	something	something	something	something	something		0000-00-00	

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