

Previous viral load test done? ☐ Yes ☒ No

If yes, Date of most recent test:

mm / yy

Viral load
result

copies/ml

Viral load log

3. ARV DRUG USE

ARV drug regimens ever used, with current regimen listed first (use codes below)	Indications for ARVs PMTCT PEP ART	Date initiated mm yy	Date discontinued/switch / change mm yy	Reasons for discontinuation/switch/change (Use codes: 1. Toxicity 2. Treatment failure 3. Other drug use 4. Other)
07 05 05	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	10 / 10		
	<input type="radio"/> <input type="radio"/> <input type="radio"/>			
	<input type="radio"/> <input type="radio"/> <input type="radio"/>			
	<input type="radio"/> <input type="radio"/> <input type="radio"/>			
	<input type="radio"/> <input type="radio"/> <input type="radio"/>			
	<input type="radio"/> <input type="radio"/> <input type="radio"/>			

If reason for discontinuation/switch/change is code 4 (Other) specify

Regimen Codes:

[01] Zidovudine AZT; [02] Stavudine d4T; [03] Nevirapine NVP [04] Efavirenz EFV; [05] Lamivudine 3TC; [06] Emtricitabine FTC;
[07] Tenofovir TDF; [08] Nelfinavir NFV; [09] Abacavir ABC; [10] Didanosine DDI; [11] Kaletra; [12] Other (specify)

4. ARV ADHERENCE

During the last 2 weeks has the patient missed any ARV pills? ☐ Yes ☒ No

If yes, how many days has the patient missed pills? 90 Days

Has the patient ever missed ARVs due to missed clinic visits? ☐ Yes ☒ NoClinician's perception of adherence ☐ Very poor ☐ Poor ☐ Satisfactory ☒ Good ☐ Excellent

5. OTHER MEDICATIONS PATIENT IS CURRENTLY USING (Choose all that apply)

- ☐ Rifampicin based TB drugs ☐ Fluconazole
☐ Ketoconazole ☐ Dapsone
☒ Cotrimoxazole ☐ Hormonal contraceptives
☐ Multivitamin
☐ Other (specify)

Approved by:

Clinician's name

Sign

QA Officer Review

FOR KEMRI/CDC HIV-R LAB USE ONLY

Lab Tech Review

☐ Accept ☐ Reject☐ Accept☐ Reject

Reason for Rejection

QA Officer

Sign

Date

Viral Load Laboratory Request Form

Form #

221680

Province Name KUS		District Name Soma		Facility Code 16073		Patient ID/PSC No 025501	
Facility Name KUPA/PA		Facility type <input type="radio"/> T & R H <input type="radio"/> PGH <input type="radio"/> DH <input type="radio"/> SDH <input type="radio"/> HC <input type="radio"/> DISP <input checked="" type="radio"/> Mission <input type="radio"/> Private		Patient Name: Adekunle		First Name Adekunle	
Surname Adekunle		Sex <input type="radio"/> Male <input checked="" type="radio"/> Female		Requesting Clinician M. S. A. G. U. L. L.		Birthdate: dd/mm/yyyy 1/1/1977	
Age Yrs 30		Date of Collection: dd/mm/yyyy 27/08/2014		Time of collection 12:00 <input type="radio"/> AM <input type="radio"/> PM		Collected by: M. S. A. G. U. L. L.	
Telephone No 070727773							

1. INDICATION(S) FOR VIRAL LOAD TEST (Shade all that apply)

1.1 Clinical Indication:

- ☐ New or recurrent WHO Stage 3 or 4 conditions after \geq 6 months of ART
- ☐ New or recurrent Papular Pruritic Eruptions (PPE) after \geq 6 months of ART

Additional in children < 6 yrs of age

- ☐ Poor or decline in growth despite giving ART for a period of \geq 6 months and after treating for and excluding other causes e.g TB, malnutrition.
- ☐ Failure to meet neuro-developmental milestones after \geq 6 months of ART
- ☐ Recurrence of infections that are severe, persistent or refractory to treatment after \geq 6 months of ART

1.2 Immunological Indications:

- ☐ Failure of CD4 count to rise to >100 cells/mm³ after at least 12 months after initiating ART
- ☐ Persistent CD4 levels below 100 cells/mm³ 12 months after initiating ART
- ☐ CD4 (count or percent) fall to baseline or below \geq 6 months after initiating ART
- ☐ CD4 (CD4 count or percent) fall by $> 30\%$ of peak value \geq 6 months after initiating ART

1.3 Other reasons:

- ☐ Assessment of patients prior to single drug substitution to a second line ARV drug after \geq 6 months of ART
- ☐ Optimizing ART in women falling pregnant after \geq 6 months of ART

☒ Routine Viral Load testing for patient monitoring

1.4 Repeat viral load test

☐ Yes ☒ No

Additional Information

Patient has new OI in last 2 weeks? ☐ Yes ☒ No If yes, specify:Patient has recurrent OI not responding to treatment? ☐ Yes ☒ No If yes, specify:Patient has TB? ☐ Yes ☒ No If Yes, what phase of treatment ☐ Intensive ☐ Continuation ☐ NoneCurrent ARV toxicity? ☐ Yes ☒ NoPatient pregnant? ☐ Yes ☒ No ☐ Unknown ☐ N/A

2. Disease Monitoring Parameters (CD4)

Date (mm/yy)	Baseline (At AR)	Peak (Highest ever attained)	Current (Most Recent)
mm/yy 1/10	mm/yy 1/10	mm/yy 1/10	mm/yy 1/10
CD4 count ₃ (cells/mm ³)	000	041	041
CD4%(children <6yrs)			