HIV Viral Load Register – Health Facility Lab

Name of Facility: _____   Sample Collected Date ((DD/MM/YY): _____

No.	Patient ART Number	Name	Age (Year)	Sex (M/F)	Date of ART Initiation (DD/MM/YY)	Current ART Regimen	Reason for Testing (R/T/RP/O)	Sample Shipment Date (DD/MM/YY)	Result Received Date (DD/MM/YY)	Lab ID from VL testing Lab	Viral Load Result (Copies/ml)	Viral Load >1,000 copies/ml Please tick (✓)	Remarks
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R = Routine, T = Targeted, RP = Repeat after enhanced adherence, O = Others (Please Specify)