

STUDY ID

 07-0304  
 Site ID # Subject ID #

## BIOMEDICAL MEASUREMENT



41601800

VISIT CODE

 

PATIENT INITIALS

 KKA  
 Last First Middle

SCREENING NUMBER

AR-0290

## Test Done

1. Visit date
2. Patient's condition

## Response

Skip

 06/02/2019  
 DD MM YYYY

- ☐ DIABETES  
☒ HIV  
☐ HYPERTENSION

## Blood Glucose

3. During the past 8 hours, have you had anything to eat or drink other than water?
4. Fasting Blood Sugar result

 Yes ☐ No ☐
   mmol/L OR    mg/dL

5. Hb1Ac levels

   %

☐ Not done

☐ Not available

6. Date of blood draw

  /   /      
 DD MM YYYY

7. Time of the day for the first sample for the fasting blood sugar

  :   HRS:MINS

## Viral Load (refer to patient charts)

8. Viral load in last six month

        Copies/mL

 05/11/2018  
 DD MM YYYY

☐ Not done

☐ Not available

☐ Not detected

9. Results of other tests recommended by Clinician

 Yes ☐

 No ☒

10. If Q9 is Yes, Specify

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Version 1.2 October

Staff Initials

EJM

Staff Signature /date (dd/mm/yyyy)

 S. Angin  
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