

STUDY ID

06 - 0303

Site ID #

Subject ID #

BIOMEDICAL MEASUREMENT



41601800

VISIT CODE

PATIENT INITIALS

F O S
Last First Middle

SCREENING NUMBER

AR - 0332

Test Done

1. Visit date
2. Patient's condition

Response

Skip

11 / 03 / 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 / /
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

M H M

Staff Signature /date (dd/mm/yyyy)

M. H. M. 11/02/2019