Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To,**

**Doctor Name**

**Consultant Infectious Diseases,**

**Subject: Request for ARV for 70 Days.**

Nai Zindagi Trust is working with Global Fund-HIV in the capacity of Principal Recipients for HIV prevention and harm reduction service among injecting drug users, their families in KPK Peshawar. The Project has been supported under the grant of Global Fund- HIV component.

ART Adherence Unit (AAU) is one of the components of Nai Zindagi Trust. Following Clients are selected for AAU. They have to stay in AAU unit- Islamabad for two Months for their proper recovery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Name | F/Name | ART Reg No | COPc+site |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

You are requested to please issue ARV to said clients for 70 days, for proper treatment during AAU.

Note: The social Mobilizer **Abdullah** is authorized by CoPC+site to receive follow up ART of PWID’S (list is attached).

Regards,

Site Manager,

CoPC Site

Nai Zindagi Trust

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_