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| **CD4 TEST REPORT FORM** | |
| **Client Information** | |
| Registration No: |  |
| Client Name: | Father’s Name: |
| Age: | Sex: |
| Contact No: |  |
| Address: | |
| Marital Status: | If Married, spouse HIV Status: |
| If Married, children under 18 years: | If Married, children HIV Status: |
| CoPC+ Site: | Sub Recipient: |
| Date of CD4 | CD4 Result |
| IMAGE OF PIMA CD4  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Mobilizer :  CoPC+ Site: Peshawar  Organization: Nai Zindagi Trust | |