**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| PATIENT NAME | [NAME] | IDNO/PASSPORT | [IDNO] |
| SEX | [GENDER] | D.O.B | [DOB] |
| LAB NUMBER | [LABNO] | DATE RECEIVED | [DATE] |
| DOCTOR/REF | [DOC] | HOSPITAL/CLINIC | [HOSP] |

**HIV-VIRAL LOAD LABORATORY REPORT**

|  |  |  |
| --- | --- | --- |
| **PARAMETER** |  | **RESULT** |
| HIV RNA |  | [HIVRNA] |
| Log Value |  | [LOG] |
|  |  |  |
|  |  |  |

QRCODE

**Interpretation:**

Virologic failure: detectable viral load after 24 weeks of therapy.

Immunologic failure: CD4 T cell increase of less than 50 cells per year after therapy with compliance confirmed.

COMMENT: [COMM]

|  |  |  |  |
| --- | --- | --- | --- |
| **Entered By:** | [USER] | **At:** | [TIME] |
| **Authorized By:** | [USER] | **At:** | [TIME] |