



Department of Laboratory Service, Division of National Public Health Laboratory,  
National HIV Reference Laboratory,  
P.O. Box 20750- 00202, Nairobi.  
EARLY INFANT DIAGNOSIS (DNA-PCR) LABORATORY REQUISITION FORM

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G4s Courier A/C: C0039
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Facility Name.....	County.....	Facility Tel Number.....
Facility MFL Number.....	Sub County.....	
Date samples dispatched from facility.....	Dispatched by (Name).....	Facility Tel Number (MCH/CCC).....

<b>Address (samples will be rejected if email address is missing )</b>	
Receiving address (Nearest G4S courier collection office to your facility) .....	
Facility Email.....	Lab email.....

<u>Comments/ Remarks from facility</u>

DBS SAMPLES LOG

No	Date of sample collection (DD-MM-YYYY)	Infant Name (Full names)	HEI ID Number (MFL-YYYY-NNNN)	PCR sample (code)	Date of birth ((DD-MM-YYYY)	Sex (M/F)	Infant Prophylaxis (code)	Infant NUPI/ CCC No <small>(Indicate full ccc number of the clients as it appears in the patient file) (MFL-NNNNN)</small>	Mother NUPI / CCC Number <small>(MFL-NNNNN)</small>
1									
2									
3									
4									
5									
6									
7									

Key Codes

Dispatch and receipt

<b>PCR Sample Codes</b>	
1= Initial PCR (6week or first contact)	4 = Confirmatory PCR and Baseline VL
2= 2 <sup>nd</sup> PCR (6 months)	5= Discrepant PCR (tie breaker)
3= 3 <sup>rd</sup> PCR (12months)	6 = Sample redraw (specify PCR sample Code e.g. 6,1)
<b>Entry Point Codes: 1= IPD 2= OPD 3= Maternity 4= CCC 5= MCH/PMTCT 6= other (specify)</b>	
<b>Infant Prophylaxis Codes: 1= AZT for 6 weeks + NVP for 12 weeks 2= AZT for 6 weeks + NVP for &gt;12 weeks 3 = None</b>	

Date received at testing lab.....
Received by (Name): .....

### Early Infant Diagnosis Instructions/Definition of terms

Date of sample collection	This is the date PCR sample was drawn from the infant or child.
Infant Name	Enter the three names of the infant as they appear on the birth notification or certificate.
HEI ID Number	Enter HIV exposed Infant's number in the format MFL- YYYY-NNNN. Where: MFL is the master facility list (MFL) Code. YYYY is the year of registration; NNNN is the client serial counter within each facility in that year. Example: 18008/2016/0001 is sample number <b>0001</b> in the year <b>2016</b> at Mutulani Dispensary ( <b>MFL 18008</b> ) in Kilome Sub- County
PCR sample (code)	Indicate whether this is: <b>1</b> - Initial PCR (6week or first contact) <b>2</b> = 2nd PCR (6 months) <b>3</b> = 3rd PCR (12months) <b>4</b> = Confirmatory PCR and Baseline VL <b>5</b> = Discrepant PCR (tie breaker) <b>6</b> = Sample redraw (specify PCR sample Code e.g. 6,1 )-collection of fresh sample for retesting.
Date of Birth	Enter the Infants Date of Birth in the format DD-MM-YYYY. This should be copied from the birth notification or certificate.
Sex(M/F)	Enter infant's or child's sex. Use "M" for males and "F" for Females. For this data element, the provider should ask the guardian for the infant's/ child's sex.
Infant Prophylaxis(code)	Infant Prophylaxis Codes: <b>1</b> = AZT for 6 weeks + NVP for 12 weeks <b>2</b> = AZT for 6 weeks + NVP for >12 weeks <b>3</b> = None
Infant CCC NO	Indicate full CCC number of the infant as it appears in the patient file (MFL-NNNNN) <b>(For confirmatory samples only). Do not leave blanks. Use NA= not applicable for infants who are not legible for confirmatory PCR.</b>
Mother's CCC number	Indicate full CCC number of the mother as it appears in the patient file (MFL-NNNNN)
<b>Comments/ Remarks from facility</b>	Example: Urgent (specific y sample ID),