



MINISTRY OF HEALTH

Division of National Laboratory Service

National Public Health Laboratory (NPHL),

National HIV Reference Laboratory (NHRL), P.O. Box 20750-00202, Nairobi

EARLY INFANT DIAGNOSIS (DNA-PCR) LABORATORY REQUISITION FORM

County:			
Sub-County:			
Health Facility:			
MFL CODE:			
Service Delivery Point:			
Start date:		End date:	



Ministry of Health
 Division of National Laboratory Service
 National Public Health Laboratory (NPHL),
 National HIV Reference Laboratory (NHRL), P.O. Box 20750-00202, Nairobi

Early Infant Diagnosis Instructions/Definition of terms

Date of sample collection	This is the date PCR sample was drawn from the infant or child.
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 0001 in the year 2016 at Mutulani Dispensary (MFL 18008) in Kilome Sub- County
PCR sample (code)	Indicate whether this is: 1 - Initial PCR (6week or first contact) 2 = 2nd PCR (6 months) 3 = 3rd PCR (12months) 4 = Confirmatory PCR and Baseline VL 5 =Discrepant PCR (tie breaker) 6 = Sample redraw (specify PCR sample Code e.g., 6,1)-collection of fresh samples 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: 1 = AZT for 6 weeks + NVP for 12 weeks 2 = AZT for 6 weeks + NVP for >12 weeks 3 = None
Infant CCC NO/NUPI	Indicate full CCC number of the infant as it appears in the patient file) (MFL-NNNNN) or enter System Generated National Unique Patient Identifier (NUPI) (For confirmatory samples only). Do not leave blanks. Use NA= not applicable for infants who are not legible for confirmatory PCR)
Mother's CCC number/NUPI	Indicate full CCC number of the mother as it appears in the patient file (MFL-NNNNN) or enter System Generated National Unique Patient Identifier (NUPI)
<u>Comments/ Remarks from facility</u>	Example: Urgent (specific y sample ID),



Ministry of Health
Division of National Laboratory Service
National Public Health Laboratory (NPHL),
National HIV Reference Laboratory (NHRL), P.O. Box 20750-00202, Nairobi

EARLY INFANT DIAGNOSIS (DNA-PCR) LABORATORY REQUISITION FORM

Facility Name.....	County.....	Facility Tel Number.....
Facility MFL Number.....	Sub County.....	
Date samples dispatched from facility.....	Dispatched by (Name).....	Facility Tel Number (MCH/CCC)

<p>Note: The email address field is MANDATORY) Receiving address (Nearest G4S courier collection office to your facility)</p> <p>Facility Email..... Lab email.....</p>	<p><u>Comments/ Remarks from facility</u></p>
--	---

DBS SAMPLES

No	Date of sample collection (DD-MM-YYYY)	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 (MFL-NNNNN)	Code for rejection
1									
2									
3									
4									
5									
6									
7									

Key Codes**Receipt**

Codes for rejection

1=Unlabeled DBS	9= Clotted blood
2=Over saturation	10= Improper drying
3=Insufficient blood	11= Serum rings –water, alcohol
4=Scattered spots	12= Collected on expired DBS card
5=Scattered spots	13= Overstayed specimen (>2wks)
6=Two layered spot	14= Above 2years
7 = Sample not due	15= Sample & requisition mismatch
8 = samples packed together	

PCR Sample Codes

1= Initial PCR (6week or first contact)	4 = Confirmatory PCR and Baseline VL
2= 2 nd PCR (6 months)	5= Discrepant PCR (tie breaker)
3= 3 rd PCR (12months)	6 = Sample redraw (specify PCR sample Code e.g. 6,1)

Entry Point Codes: 1= IPD 2= OPD 3= Maternity 4= CCC 5= MCH/PMTCT 6= other (specify)

Infant Prophylaxis Codes: 1= AZT for 6 weeks + NVP for 12 weeks 2= AZT for 6 weeks + NVP for >12 weeks 3 = None

Date received at testing lab.....

Received by (Name):