



MINISTRY OF HEALTH

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

HIV Viral Load Request Form

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



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HIV Viral load request form Instructions/Definition of terms

CCC Number/NUPI	Enter CCC number in the upper cell in the format (MFL-NNNNN) and in the lower cell enter System Generated National Unique Patient Identifier (NUPI)
Recency Number	Enter recency number in the format REC/MFL/NNNNN.
Justification (code)	Indicate the following codes: 3= Single drug substitution 7= Recency 8= PMTCT New Positive (NP) 9= PMTCT Known Positive (KP) 10= 1ST VL 11= Follow up 12= Repeat VL after 3 ^d EAC
Date of Birth	Enter the client's Date of Birth in the format DD/MM/YYYY
Sex(M/F)	Enter client's sex. Use "M" for Males and "F" for Females.
If Female	Select the following codes 1= Pregnant 2 = Breastfeeding 3 = None of the above
Sample type	1= Plasma in PPT
Date and time of collection	Enter Date in the format DD/MM/YYYY and time of sample collection in the format 00:00 Am/Pm.
Date & time of separation /centrifugation	Enter Date in the format DD/MM/YYYY and time of separation/centrifugation in the format 00:00 Am/Pm.
Date started on ART	Enter Date client started ART in the format DD/MM/YYYY.
Current ART regimen	<p>1st LINE: AF2E=TDF + 3TC + DTG AF2B=TDF + 3TC + EFV AF1D=AZT + 3TC + DTG AF1B=AZT + 3TC + EFV AF4B=ABC + 3TC + EFV AF4C=ABC + 3TC + DTG AF2D=TDF + 3TC + ATV/r AF2F=TDF + 3TC + LPV/r AF1E=AZT + 3TC + LPV/r AF1F=AZT + 3TC + ATV/r AF2A=TDF + 3TC + NVP AF1A=AZT + 3TC + NVP AF4A=ABC + 3TC + NVP AF5X=Any other 1st line Adult regimens</p> <p>2nd LINE: AS1A=AZT + 3TC + LPV/r AS1B=AZT + 3TC + ATV/r AS1C=AZT + 3TC + DTG AS2A=TDF + 3TC + LPV/r AS2B=TDF + 3TC + DTG AS2C=TDF + 3TC + ATV/r AS5A=ABC + 3TC + LPV/r AS5B=ABC + 3TC + ATV/r AS5C=ABC + 3TC + DTG AS6X=Any other 2nd line Adult regimens</p> <p>3rd LINE: AT2D=TDF+3TC+DTG+DRV+RTV AT2E=TDF+3TC+RAL+DRV+RTV AT2F=TDF+3TC+DTG+ETV+DRV+RTV AT2X=Any other 3rd line Adult regimens PAEDIATRIC REGIMENCODES</p> <p>1st LINE: CF2B=ABC + 3TC + EFV CF2D=ABC + 3TC + LPV/r CF2A=ABC + 3TC + NVP CF2F=ABC + 3TC + RAL CF2G=ABC+3TC+DTG CF1A=AZT + 3TC + NVP CF1B=AZT + 3TC + EFV CF1C=AZT + 3TC + LPV/r CF4E=TDF + 3TC + DTG CF5X=Any other 1st line Pediatric regimens</p> <p>2nd LINE: CS1A=AZT + 3TC + LPV/r CS2A=ABC + 3TC + LPV/r CS2B=ABC+3TC+DTG CS1C=AZT + 3TC + DRV+RTV+RAL CS2D=ABC + 3TC + DRV+RTV+RAL CS4X=Any other 2nd line Pediatric regimens</p> <p>3rd LINE: CT1H=AZT + 3TC + DRV+RTV+RAL CT2D=ABC + 3TC + DRV+RTV+RAL CT3X=Any other 3rd line Pediatric regimens</p>
Date Initiated on current regimen	Enter Date client was initiated on current regimen in the format DD/MM/YYYY.
Rejection	Enter "Y" if sample is rejected and "N" if sample is not rejected
	If sample is rejected enter the following codes 1= Missing Sample 2= Hemolysed sample 3= Missing patient ID 4= Sample request form & sample mismatch 5= UnCentrifuged sample in PPT 6= Expired PPT tubes 7= No request form 8= Improper packaging 9= Insufficient volume



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Facility Details

Facility Name: County:
 MFL Code: Sub-county:
 Facility/CCC email: Clinician's Name:
 Facility/CCC phone no.....

Facility Laboratory details

Date & Time sample dispatched:
 Lab phone number:
Hub details
 Date and time sample dispatched:
 Hub phone contact.....

No	CCC No <i>Indicate full patient full inique number of the clients as it appears in the patient file. (MFL-XXXXX)/NUPI</i>	Recency No REC/MFL/###	Justificationcode	DOB (dd/mm/yyyy)	SexM/F	If female, selectthe following. 1= Pregnant 2= Breast feeding3= None of the above	Samplotype (select from codebelow)	Date & Timeof collection (dd/mm/yy yy)	Date & Time of separation /centrifugation (dd/mm/yyyy)	Date started on ART (dd/mm/yy yy)	CurrentART Regimen (select fromcode below)	Date initiated oncurent regimen (dd/mm/yyyy)	Rejection (forreason select from code below)	
													Y/N	Reason
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	CCC							Date:	Date:					
	NUPI							Time:	Time:					
2	CCC							Date:	Date:					
	NUPI							Time:	Time:					
3	CCC							Date:	Date:					
	NUPI							Time:	Time:					
4	CCC							Date:	Date:					
	NUPI							Time:	Time:					
5	CCC							Date:	Date:					
	NUPI							Time:	Time:					

Code for Sample Type:

1= Plasma in PPT

Code for Justification:

3 = Single drug substitution 7=Recency 8= PMTCT NP 9=PMTCT KP 10= 1ST VL
 11=Follow up 12= Repeat VL after 3rd EAC

Code for Sample Rejection

1=Missing Sample 2=Hemolysed sample 3=Missing patient ID 4=Sample request form & sample mismatch 5= UnCentrifuged sample in PPT 6=Expired PPT tubes 7=No request form 8=Improper packaging 9=Insufficient volume

NOTE: FOR ANY SAMPLE THAT HAS A REGENCY NUMBER NOTE THAT THE COLUMN: B, C, L, M & N ARE NOT MANDATORY FIELDS

ADULT ART REGIMEN CODES

1ST LINE: | AF2E=TDF + 3TC + DTG| AF2B=TDF + 3TC + EFV| AF1D=Azt + 3TC + DTG| AF1B=Azt + 3TC + EFV

| AF4B=ABC + 3TC + EFV| AF4C=ABC + 3TC + DTG| AF2D=TDF + 3TC + ATV|r| AF2F=TDF + 3TC + LPV|r| AF1E=Azt + 3TC + LPV|r| AF1F=Azt + 3TC + ATV|r| AF2A=TDF + 3TC + NVP| AF1A=Azt + 3TC + NVP| AF4A=ABC + 3TC + NVP| AF5X=Any other 1st line Adult regimens

2ND LINE: | AS1A=Azt + 3TC + LPV|r| AS1B=Azt + 3TC + ATV|r| AS1C=Azt + 3TC + DTG| AS2A=TDF + 3TC + LPV|r| AS2B=TDF + 3TC + DTG | | AS2C=TDF + 3TC + ATV|r| AS5A=ABC + 3TC + LPV|r| AS5B=ABC + 3TC + ATV|r| AS5C=ABC + 3TC + DTG| AS6X=Any other 2nd line Adult regimens|

3RD LINE: | AT2D=TDF+3TC+DTG+DRV+RTV| AT2E=TDF+3TC+RAL+DRV+ RTV| AT2F=TDF+3TC+DTG+ETV+DRV+RTV| AT2X= Any other 3rd line Adult regimens| PAEDIATRIC

REGIMEN CODES

1ST LINE: | CF2B=ABC + 3TC + EFV| CF2D=ABC + 3TC + LPV|r| CF2A=ABC + 3TC + NVP| CF2F=ABC + 3TC + RAL| CF2G=ABC+3TC+DTG| CF1A=Azt + 3TC + NVP| CF1B=Azt + 3TC + EFV | CF1C=Azt + 3TC + LPV|r| CF4E=TDF + 3TC + DTG| CF5X=Any other 1st line Pediatric regimens|

2ND LINE: | CS1A=Azt + 3TC + LPV|r| CS2A=ABC + 3TC + LPV|r| CS2B=ABC+3TC+DTG| CS1C=Azt + 3TC + DRV+RTV+RAL| CS2D=ABC + 3TC + DRV+RTV+RAL| CS4X=Any other 2nd line Pediatric regimens|

3RD LINE: | CT1H=Azt + 3TC + DRV+RTV+RAL| CT2D=ABC + 3TC + DRV+RTV+RAL| CT3X=Any other 3rd line Pediatric regimens