G4S Courier A/C: 00339

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

LABORATORY REQUEST FORM- HIV-1 DNA PCR TESTING FOLLOWING INCONCLUSIVE HIV RAPID TEST RESULTS IN PREGNANT AND BREASTFEEDING WOMEN

Facility Name: _____ MFL Code_____ County:_____ Sub County: _____

Facility Contact Person: _____ Facility Telephone Number _____ Facility Email Address _____

Testing Site e.g. IPD, MNCH (ANC, Maternity, PNC**):** _____

Tester Name: _____ Designation: _____

Testing Details at the Referring Site

Client Name _____ **Client ID/Registration No/UPI/ SHA NO.:** _____ **Age**_____ **Sex:**_____
If pregnant, indicate gestation age (in weeks). _____

Screening (Test 1)		Confirmatory 1		Confirmatory 2	
Kit Name		Kit Name		Kit Name	
Kit Lot No		Kit Lot No		Kit Lot No	
Kit Expiry Date		Kit Expiry Date		Kit Expiry Date	
Result		Result		Result	

Date DBS Sample Collected: _____ Sample Submitted by _____
Facility phone number: _____ Facility E-mail _____ Sign._____
Date _____

Comment:

Received By _____ Sign. _____ Date _____ Time_____