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

Patient name	Indicate clients three names; First, Middle and last name in the spaces provided
CCC Number/SHA NO. (UPI)	Enter CCC number in the upper cell in the format (MFL-NNNNN) and in the lower cell enter System Generated Unique Patient Identifier (UPI)/SHA Number
Justification (code)	Indicate the following codes: **3**= Single drug substitution **8**= PMTCT New Positive (NP) **9**=PMTCT Known Positive (KP) **10**= 1ST VL **11**=Follow up **12=** Repeat VL after 3rd 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	Indicate 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	Indicate the following codes**: 1**= Adults TDF/3TC/DTG **2** =Pediatrics ABC/3TC/DTG **3**= Others specify
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 indicate the following codes **1**=Missing Sample **2**=Hemolyzed 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	Patient Name	CCC No/SHA NO. *Indicate the full uniquenumber of the clients as it appears in the patient file.* (MFL-XXXXX)/SHA NO. (UPI)	Justification code	DOB *(dd/mm/yyyy)*	Sex M/F	If female, select the following. *1= Pregnant 2= Breastfeeding 3= None of the above*	Sample type *(select from code below)*	Date & Time of collection *(dd/mm/yyyy)*	Date & Time of separation /centrifugation *(dd/mm/yyyy)*	Date started onART *(dd/mm/yyyy)*	CurrentART Regimen *(select fromcode below)*	Date initiated on current 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** / **UPI/SHA NO.**						Date: / Time:	Date: / Time					
2		**CCC** / **UPI/SHA NO.**						Date: / Time:	Date: / Time					
3		**CCC** / **UPI/SHA NO.**						Date: / Time:	Date: / Time					
4		**CCC** / **UPI/SHA NO.**						Date: / Time:	Date: / Time					
5		**CCC** / **UPI/SHA NO.**						Date: / Time:	Date: / Time					

Code for Sample Type:
1= Plasma in PPT

Code for Justification: **3=** Single drug substitution **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**=Hemolyzed 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 10=Sharing ID

Current Regimen

1. Adults TDF/3TC/DTG
2. Pediatrics ABC/3TC/DTG
3. Others specify