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:** | |

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# Early Infant Diagnosis Instructions/Definition of terms

| | |
|---|---|
| Date of sample collection | Enter Date of sample collection in the format DD/MM/YYYY |
| 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.<br>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**: 0**= Birth testing (0 – 2 weeks) or first contact **1=**2nd PCR (6-8weeks) **2**= 3rd PCR (6 months) **3** = 4th PCR (12months) **4** = Confirmatory PCR<br>**5**=Discrepant PCR (tie breaker) **6**= Sample redraw (specify PCR sample Code e.g. 6,1 or 6,2…. )-collection of fresh samples for retesting. |
| Date of Birth | Enter the infant's date of birth (DD/MM/YYYY). The date should be copied directly from the birth notification or birth 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+NVP - Low risk** 2 **= ABC+3TC+DTG** - High risk 3. AZT/3TC/NVP - Premature **4 =** None |
| *Infant UPI/SHA/CCC No* | Enter CCC number in the upper cell in the format (MFL-NNNNN) and in the lower cell enter System Generated National Unique Patient Identifier (UPI)SHA No. |
| Mother's *UPI/SHA/CCC No* | Enter CCC number in the upper cell in the format (MFL-NNNNN) and in the lower cell enter System Generated National Unique Patient Identifier (UPI)SHA No |
| **Code for rejection** | **1**=Unlabeled DBS **2=**Over saturation **3**=Insufficient blood **7 =** Sample not due **8=** Clotted blood **9=** Improper drying **3**=Insufficient **10=** Serum rings 11**=** Collected on expired DBS card **12=** Overstayed specimen (>2wks) 14 = Sample & requisition mismatch **15**-improper packaging |

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# EARLY INFANT DIAGNOSIS (DNA-PCR) LABORATORY REQUISITION FORM

Facility Name…… County…….. Facility Tel Number……

Facility MFL Number…… Sub County…… Clinician name: ……

Date samples dispatched from facility…… Dispatched by (Name)…… Facility Tel Number (MCH/CCC) ……

**Note: The email address field is MANDATORY)**
Receiving address (Nearest G4S courier collection office to your facility) ……

Facility Email…… Lab email……

**Comments/ Remarks from facility**

**DBS SAMPLE LOG**

| No | Date of sample collection (DD-MM-YYYY) | Infant Name | HEI ID Number (MFL-YYYY-NNNN) | PCR sample (code) | Date of birth (DD-MM-YYYY) | Sex (M/F) | Infant Prophylaxis (code) | *Infant UPI/SHA/CCC No (Indicate full CCC number of the client as it appears in the patient file)* **(MFL-NNNNN)** | Entry Point (Code) | Mother UPI/SHA/CCC Number (MFL-NNNNN) | Rejection (Code) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | CCC / UPI/SHA No. | | CCC / UPI/SHA No. | |
| 2 | | | | | | | | CCC / UPI/SHA No. | | CCC / UPI/SHA No. | |
| 3 | | | | | | | | CCC / UPI/SHA No. | | CCC / UPI/SHA No. | |
| 4 | | | | | | | | CCC / UPI/SHA No. | | CCC / UPI/SHA No. | |
| 5 | | | | | | | | CCC / UPI/SHA No. | | CCC / UPI/SHA No. | |

**Key Codes**

**Codes for rejection**
**1**=Unlabeled DBS
**2**=Over saturation **9**= Improper drying
**3**=Insufficient blood **10**= Serum rings
**11**= Collected on expired DBS card
**12**= Overstayed specimen ( >2wks )
**7** = Sample not due
**8**= Clotted blood **14** = Sample & requisition mismatch
15-improper packaging

**PCR sample code 0**= Birth testing (0 – 2 weeks) or first contact **1**=2nd PCR **2**= 3rd PCR **3** = 4th PCR
**4** = Confirmatory PCR **5**=Discrepant PCR (tie breaker) **6**= Sample redraw (specify PCR sample Code e.g. 6,1 or 6,2…. )-collection of fresh samples for retesting.

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

**Infant Prophylaxis Codes**: **1= AZT+NVP - Low risk** 2 **= ABC+3TC+DTG** - High risk 3. AZT/3TC/NVP - Premature
**4** = None

**Receipt**

Date received at testing lab……

Received by (Name): ……