

Batch:

Field Information

SPECIMEN CODES:	Round 5	<table border="1"> <tr> <td>SITE</td> <td>MUT5NO</td> </tr> <tr> <td>SITE</td> <td>MUT4NO</td> </tr> </table>	SITE	MUT5NO	SITE	MUT4NO	DATE COLLECTED	<input type="text"/>
	SITE	MUT5NO						
SITE	MUT4NO							
	Round 4		TIME COLLECTED	<input type="text"/>				

SPECIMENS COLLECTED:		SPECIMEN CATEGORY:										
Dried Blood Spots (DBS)	<input type="text"/>	<table border="1"> <tr> <td>FU</td> <td>UA</td> <td>NIM</td> <td>OTHER</td> <td>ANC</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	FU	UA	NIM	OTHER	ANC					
FU	UA	NIM	OTHER	ANC								
Whole Blood	<input type="text"/>											

COLLECTED BY	<input type="text"/>	CHECKED BY	<input type="text"/>
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Laboratory Information

LABORATORY NUMBERS:	Round 5	Code/Design Lab Number	DATE RECEIVED	<input type="text"/>
	Round 4	<input type="text"/>		

LAB RESULTS:

HIV

R4

R5

SCREENING

CombAids	<table border="1"> <tr><td>Date</td><td><input type="text"/></td></tr> <tr><td>Result</td><td><input type="text"/></td></tr> <tr><td>Tested By</td><td><input type="text"/></td></tr> </table>	Date	<input type="text"/>	Result	<input type="text"/>	Tested By	<input type="text"/>
Date	<input type="text"/>						
Result	<input type="text"/>						
Tested By	<input type="text"/>						

CombAids	<table border="1"> <tr><td>Date</td><td><input type="text"/></td></tr> <tr><td>Result</td><td><input type="text"/></td></tr> <tr><td>Tested By</td><td><input type="text"/></td></tr> </table>	Date	<input type="text"/>	Result	<input type="text"/>	Tested By	<input type="text"/>
Date	<input type="text"/>						
Result	<input type="text"/>						
Tested By	<input type="text"/>						

CONFIRMATION

Vironostika	<table border="1"> <tr><td>Date</td><td><input type="text"/></td></tr> <tr><td>Test O/D</td><td><input type="text"/></td></tr> <tr><td>Cut-off</td><td><input type="text"/></td></tr> <tr><td>Result</td><td><input type="text"/></td></tr> <tr><td>Tested By</td><td><input type="text"/></td></tr> </table>	Date	<input type="text"/>	Test O/D	<input type="text"/>	Cut-off	<input type="text"/>	Result	<input type="text"/>	Tested By	<input type="text"/>
Date	<input type="text"/>										
Test O/D	<input type="text"/>										
Cut-off	<input type="text"/>										
Result	<input type="text"/>										
Tested By	<input type="text"/>										

Vironostika	<table border="1"> <tr><td>Date</td><td><input type="text"/></td></tr> <tr><td>Test O/D</td><td><input type="text"/></td></tr> <tr><td>Cut-off</td><td><input type="text"/></td></tr> <tr><td>Result</td><td><input type="text"/></td></tr> <tr><td>Tested By</td><td><input type="text"/></td></tr> </table>	Date	<input type="text"/>	Test O/D	<input type="text"/>	Cut-off	<input type="text"/>	Result	<input type="text"/>	Tested By	<input type="text"/>
Date	<input type="text"/>										
Test O/D	<input type="text"/>										
Cut-off	<input type="text"/>										
Result	<input type="text"/>										
Tested By	<input type="text"/>										

ADDITIONAL TESTS

Kit	<input type="text"/>
Date	<input type="text"/>
Test O/D	<input type="text"/>
Cut-off	<input type="text"/>
Result	<input type="text"/>
Tested By	<input type="text"/>

Kit	<input type="text"/>
Date	<input type="text"/>
Test O/D	<input type="text"/>
Cut-off	<input type="text"/>
Result	<input type="text"/>
Tested By	<input type="text"/>

Final Result	<input type="text"/>
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Final Result	<input type="text"/>
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Other STIs

STI:
Kit:

Date	<input type="text"/>
Test O/D	<input type="text"/>
Cut Off	<input type="text"/>
Result	<input type="text"/>
Tested By	<input type="text"/>

Date	<input type="text"/>
Test O/D	<input type="text"/>
Cut Off	<input type="text"/>
Result	<input type="text"/>
Tested By	<input type="text"/>

COMMENTS

TESTS AUTHORISED BY

DATA ENTERED BY

DATA CHECKED BY