Ministry of Health

HIV Viral Load Sample Log

Version 1 (October 2016)

Register No	
District	
Site Name / Location	
Date Register Started	
Date Register Closed	

	Sample Log Number *Assign running number for each sample*	Sample Collection Day	Month	Year	Unique Sample ID	Provider ID *Person drawing the sample*	Client Name	Address / Phone	ART Number	Gender Male	Female	Months on ART	Last VL Date	Reason for Test **Rout**ine	**Targ**eted	Follow-up after **High** VL	**Rep**eat (reject / lost / missing)
1										M	F			Rout	Targ	High	Rep
2										M	F			Rout	Targ	High	Rep
3										M	F			Rout	Targ	High	Rep
4										M	F			Rout	Targ	High	Rep
5										M	F			Rout	Targ	High	Rep
6										M	F			Rout	Targ	High	Rep
7										M	F			Rout	Targ	High	Rep
8										M	F			Rout	Targ	High	Rep
9										M	F			Rout	Targ	High	Rep
10										M	F			Rout	Targ	High	Rep
11										M	F			Rout	Targ	High	Rep
12										M	F			Rout	Targ	High	Rep
13										M	F			Rout	Targ	High	Rep
14										M	F			Rout	Targ	High	Rep
15										M	F			Rout	Targ	High	Rep
16										M	F			Rout	Targ	High	Rep
17										M	F			Rout	Targ	High	Rep
18										M	F			Rout	Targ	High	Rep
19										M	F			Rout	Targ	High	Rep
20										M	F			Rout	Targ	High	Rep
													Page Totals				
													Month Totals				
													Box Number	*1*	*2*	*3*	*4*

Start new page for each new month

Sample Type			**Receipt of Result** *Write date and circle the number of weeks*				**Result Type**		**Viral Load Result** *If no result after 12 weeks: Declare missing, collect repeat sample*					**Client Notification** Result given / Notified of rejected sample or missing result					**Sample Log Number** of **Repeat Sample**	**Comments**	
Dried **B**lood **S**pot	**Plas**ma	**Oth**er (POC, etc.)	Date result received at the facility	Weeks between sample collection and arrival of result			**E**lectronic	**P**aper	Viral Load Result	Less than 1000	**1000** or greater	Sample **Rej**ected	Result **Miss**ing	Date result given / notified	Weeks between sample collection and client notification						
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			1
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			2
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			3
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			4
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			5
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			6
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			7
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			8
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			9
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			10
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			11
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			12
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			13
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			14
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			15
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			16
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			17
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			18
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			19
DBS	Plas	Oth		0-4	5-8	9-12	13+	E	P		<1000	1000+	Rej	Miss		0-4	5-8	9-12	13+			20
	Page Totals																				
	Month Totals																				
	Box Number		*5*	*6*	*7*	*8*	*9*	*10*		*11*	*12*	*13*	*14*		*15*	*16*	*17*	*18*			