



Recent HIV Infection Surveillance Register

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										POC TRI Kit Lot # _____		Kit Expiry Date _____ (dd/mm/yy)													
District _____					Site _____					Site Code _____		Entry Point _____													
Date	Client ID	Client Consented to POC TRI (Y/N)	Sex (M, FNP, FP)	Age	Residence (Neighborhood/Village)	Last Test (LNeV, L-, L+, Lin)	Time Since Last Test	UniGold Result (R, NR)	Final HIV Test Result (P+, N+, N-, Incl, C+)	POC TRI Test			DBS Sample Collected (Y/N)	Participant ID	Additional Client Information										
										Control Line (P/NP)	Positive Verification Line (P/NP)	Long Term Line Present (P/NP)			Did client reveal L+ or Self Test+ status (L+/S+/ No)	If yes, date of previous positive test (mm/yy)	Has client ever been on ART? (Y/N)	First started ART (m/yy)	Stopped ART? Y/N If Y, (mm/yy)						

TO SET UP FORM:

- Document test kit lot number under "POC TRI Kit Lot #" and expiry date under "Kit Expiry Date"
- Document district, site name, site code, and entry point in the appropriate fields

FOR EACH SPECIMEN:

- Date of HIV testing
- Client Identification Number
- Whether client consented to recency testing
- Sex of client (M: Male, FP: Pregnant female, FNP: Not pregnant female)
- Age
- Residence (neighborhood or village)
- Result of last HIV test (LNever: Never tested, L- : Negative result, L+: Positive result, Lin: Indeterminate result)
- Time since last test
- Unigold Result (R: Reactive, NR: Non-reactive)
- Final HIV Test Result (P+: Previous positive, N+: New positive, N-: New negative)

FOR EACH POSITIVE SPECIMEN:

- Document POC TRI Test Lines (check all that appear)
- Document whether DBS sample collected (Y/N)
- Participant Identification Number issued for recency study
- Additional client information (e.g., prior ART exposure)