



**NATIONAL AIDS AND STD CONTROL PROGRAM (NAS COP)  
EARLY INFANT DIAGNOSIS (DNA-PCR) LABORATORY REQUISITION FORM**

Date samples dispatched from facility..... Dispatched by (Name): .....

G4s Courier A/C: C0039

Facility Name..... County..... Facility Tel Number.....  
Facility MFL Number..... Sub County..... Facility Tel Number (MCH/CCC).....  
Facility EID Focal Person.....

**Address (samples will be rejected if address is incomplete)**  
Receiving address (Nearest G4S courier collection office to your facility) .....  
Facility Email..... Lab email.....

**Comments/ Remarks from facility**

**DBS SAMPLES LOG**

Infant Information											Mother Information			
No	Date of sample collection (DD-MM-YYYY)	Infant Name (Full names)	HEI ID Number (MFL-YYYY-NNNN)	PCR sample (code)	Date of birth ((DD-MM-YYYY)	Sex (M/F)	Entry Point (Code)	Infant Prophylaxis (code)	Infant Feeding (code)	CCC No (Indicate full ccc number of the clients as it appears in the patient file) (MFL-NNNNN)	Age	CCC Number (MFL-NNNNN)	PMTCT Regimen (code)	VL result within last 6 months
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

**Key Codes**

**Dispatch and receipt**

**PCR Sample Codes**  
1= Initial PCR (6week or first contact)    4 = Confirmatory PCR and Baseline VL  
2= 2<sup>nd</sup> PCR (6 months)    5= Discrepant PCR (tie breaker)  
3= 3<sup>rd</sup> PCR (12months)    6 = Sample redraw (specify PCR sample Code e.g. 6,1 )

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

**Infant Prophylaxis Codes:** 1= AZT for 6 weeks + NVP for 12 weeks 2= AZT for 6 weeks + NVP for >12 weeks 3 = None 4 = Other (specify)

**Infant feeding Codes:**  
< 6 months Infant Feeding Codes: EBF= Exclusive Breast Feeding, ERF= Exclusive Replacement Feeding, MF= Mixed Feeding  
≥6 months Infant Feeding Codes: BF= Breast Feeding, NBF= Not Breast Feeding

**Mother PMTCT Regimen Codes:**  
PM3= AZT+3TC+NVP    PM6= TDC+3TC+NVP    PM10= AZT+3TC+ATV/r  
PM4= AZT+ 3TC+ EFV    PM7= TDF+3TC+LPV/r    PM11= TDF+3TC+ATV/r  
PM5= AZT+3TC+ LPV/r    PM9= TDF+3TC+EFV    PM12=TDF+3TC+DTG  
PM1X=Any other Regimen    PM13=None

Date received at testing lab.....  
Received by (Name): .....  
Time .....

Kindly turn to the back page for definition of terms

### Early Infant Diagnosis Instructions/Definition of terms

Date of sample collection	This is the date PCR sample was drawn from the infant or child.
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- YYYYNNNN. 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; Example: 18008/2016/0001 is sample number <b>0001</b> in the year <b>2016</b> at Mutulani Dispensary ( <b>MFL 18008</b> ) in Kilome Sub-county
PCR sample (code)	Indicate whether this is: <b>1</b> - Initial PCR (6week or first contact) <b>2</b> = 2nd PCR (6 months) <b>3</b> = 3rd PCR (12months) <b>4</b> = Confirmatory PCR and Baseline VL <b>5</b> = Discrepant PCR (tie breaker) <b>6</b> = Sample redraw (specify PCR sample Code e.g. 6,1 )
Date of Birth	Enter the Infants Date of Birth in the format DD-MM-YYYY. This should be copied from the birth notification or 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.
Entry Point(Code)	Use the information on the HEI Card under the label "source of referral" and use the corresponding code for the source as given below. For example, if <b>OPD</b> is checked on the card, write "2" in the register. 1=IPD 2=OPD 3=Maternity 4=CCC 5=MCH/PMTCT 6. Others (Specify) <b>Note:</b> Infants, who are already on the program but get transferred to this facility, will bring with them the mother baby booklet or the HEI card (with source of referral already completed. Transfer the code into this column.)
Infant Prophylaxis(code)	Infant Prophylaxis Codes: <b>1</b> = AZT for 6 weeks + NVP for 12 weeks <b>2</b> = AZT for 6 weeks + NVP for >12 weeks <b>3</b> = None <b>4</b> = Other (specify)
Infant Feeding(code)	< 6 months Infant Feeding Codes: EBF= Exclusive Breast Feeding, ERF= Exclusive Replacement Feeding, MF= Mixed Feeding ≥6 months Infant Feeding Codes: BF= Breast Feeding, NBF= Not Breast Feeding
Infant CCC NO	Indicate full CCC number of the infant as it appears in the patient file) (MFL-NNNNN) (For confirmatory samples only). <b>Do not leave blanks. Use NA= not applicable for infants who are not legible for confirmatory PCR.</b>
Mother's Age	Indicate mother's age in years
Mother's CCC number	Indicate full CCC number of the mother as it appears in the patient file (MFL-NNNNN)
PMTCT regimen code	PM3= AZT+3TC+NVP PM4= AZT+ 3TC+ EFV PM5= AZT+3TC+ LPV/r PM6= TDC+3TC+NVP PM7= TDF+3TC+LPV/r PM9= TDF+3TC+EFV PM10= AZT+3TC+ATV/r PM11= TDF+3TC+ATV/r PM12=TDF+3TC+DTG PM13=None PM1X=Any other Regimen
VL Results	Fill the viral load results for the mother within the last 6 months. <b>Do not leave blank. Indicate ND= Not done if was eligible or NA=Not applicable if client was not eligible.</b>
<b>Comments/ Remarks from facility</b>	Example: Urgent (specific y sample ID),