

Specimen Shipment Form for HIV Inconclusive Result (s)

Toll free: 0800100410

Health Facility: _____

District: _____

Date of Shipment: - - (dd-mm-yy)

Time: ____ Page: ____ of ____

Client OPD-IPD. (Number)	Date of collection	Age	Sex	Sample Type	HIV				Reason(s) for Testing	Clinical History
					RT QC	EIA	PCR qual	VL		
				Plasma						
				Serum						
				WB						
				DBS						
				Plasma						
				Serum						
				WB						
				DBS						
				Plasma						
				Serum						
				WB						
				DBS						

KEY:
HIV: Human Immune Virus
RT QC: Rapid test for Quality Control
EIA: Enzyme Immuno Assay
PCR Qual: Polymerase chain reaction-Qualitative
VL: Viral Load- Plasma vol: 1.5ml **WB:** Whole Blood **DBS:** Dried Blood Spot-1card 5 spots

Sender: (For SUBMITTER)

Name: _____ Tel: _____ Email: _____
 Time of dispatch: ____:00:00 Sign: _____

Transported / Delivered by: (For DRIVER / COURIER)

Name: _____ Tel: _____
 Sign: _____ Date: _____ Time: ____:00:00

Received by: (For UVRI – HRL)

Name: _____ Tel: _____
 Sign: _____ Date: _____ Time: ____:00:00