

Facility Early Infant Diagnosis Sample and Result Tracking Log

Variable code	Variable name	Variable entry explanation
(a)	S/NO (Serial number)	Enter serial number in sequence i.e. 0001, 0002, 0003, 0004... this number should restart monthly
(b)	Date of Sample collection	This is the date PCR sample was drawn from the infant or child
(c)	Infant/Child's Name	Enter the three names of the infant as it appears in the birth notification or certificate
(d)	HEI No.	Enter HIV exposed Infants number using the nomenclature MMMMM- YYYY-NNNN. Where: <ul style="list-style-type: none"> • MMMMM is the master facility list (MFL) • YYYY is the year of registration • NNNN is the patient serial counter within each facility in that year Example 18008/2016/0001 is a sample number where 0001 is the patient serial number (first client), in the year 2016 in a facility whose code is 18008.
(e)	Date of birth	Enter the infants date of birth in the format dd/mm/yyyy. This should be copied from the birth certificate or birth notification.
(f)	Age	Enter infants or child's correct age at the time of sample collection. The age at enrolment should be written in weeks – rounded to the next near week, e.g. 1 day old should be documented as 1 week. Calculating the age in weeks can be done by physically by counting the number of days from a calendar, then round them off to a full week.
(g)	Sex	Enter infants or child's sex. Use "M" for males and "F" for Females. For this data element, the provider should ask the guardian for the child's sex.
(h)	Entry Point	Use the information on the HEI card labeled "source of referral" and enter the following codes: 1=IPD 2=OPD 3=Maternity 4=CCC 5=MCH 6=others(specify) Note: Infants who are already on the program but get transferred to this facility, will bring with them this card (with source of referral already completed).
(i)	Type of test	Enter each appropriate test using the codes provided in the register. I = initial R = repeat in case of rejection C = Confirmatory
(j)	Test Category	Indicate whether this is 1st, 2nd or 3rd PCR using codes :1=First PCR, 2=Second PCR, 3=Third PCR
(k)	Sample collected by	Enter the name/ initials of the person who drew sample from the infant for DNA PCR
(l)	Date of sample dispatch from H/facility	Enter the date that the sample was dispatched from the health facility to either central laboratory(HUB) or through G4S to the testing laboratory
(m)	Date results received	Enter the date the result is received from the testing laboratory

(n)	Results received by	Enter the name/ initials of the person who received the results from the testing lab
(o)	Test Results	Enter PCR result from the testing lab expressed as either Positive or Negative. In case of rejection, indicate reasons in the comments section
(p)	Date results given to care giver	This refers to the date that the PCR results was communicated to the mother/guardian Enter the date that the PCR results were communicated to the caregiver
(q)	TAT in days	Enter the Turn Around Time(TAT) calculated by getting the difference between date that the sample was collected from the infant/child (column b) from the date the result was received from the testing lab (column m) (M-B)
(r)	Comments	Enter any other patient or test related comments e.g. sample rejected, Result Failed