



INSTRUCTIONS FOR FILLING OUT THE VIRAL LOAD /EID REJECTION FORM

The instructions provided below in the sections are for filling out the Viral Load /EID Rejection Form

Overall – All sections of the form need to be completed correctly and as applicable.

1. Facility Name- Enter the full name of the facility where the service is being provided.
2. Tel- Enter facility telephone number
3. Facility MFL Code:- Indicate the 5-digit Master Facility List Number of the health facility. This number can be found in the master facility list in **ehealthkenya.org**
Sub County- Indicate the Name of the Sub County where the health facility is located.
4. County-Indicate the Name of the County where the health facility is located.
5. Sub County- Indicate the Name of the Sub County where the health facility is located.
6. CCC No.-Number that can be retrieved from the ART register at CCC. This should be a unique number for each patient on ART in the facility.
The nomenclature for the CCC No is: Facility # from the Master Facility List (MFL) - Client Serial Number Where;
 - a. The first five digits represent the health facility Master Facility Number (e.g. 11740 for Port Reitz District Hospital as allocated by MFL.)
 - b. The last five digits represent a sequential number generated at the CCC by the officer responsible for registration of HIV care Clients e.g. health records officer, nurse or data clerk (e.g. 00001 for the first client into HIV care in this facility).
 - c. In this example, the resultant unique number would be written as 11740-00001.
7. Date of sample collection-Enter the date when the VL/EID sample is ordered/collected
8. Type of test -Enter the appropriate test using abbreviation EID or VL
9. Sample type-Enter the appropriate sample type using (Plasma, DBS, and Whole blood)
10. Reason for Rejection (Choose code below)-Enter the appropriate test using the codes provided
11. Comments- Comments Enter any other HEI or test related comments e.g. sample rejected, result failed