Attach Barcode Here!



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HIV SELF TESTING REFERRAL CARD









HIV SELF TESTING

REFERRAL CARD







Date://20	Was confirmatory HIV testing done?
ATTENTION: THE STAFF ON DUTY	Yes
Health Facility	No
District:	Result of Confirmatory HIV testing (Tick one):
I hereby sendSex:agedyears to you for further investigations and care after she/he performed an HIV self-test using oral fluid (OraQuick).	Non- Reactive Reactive
	Indeterminate
Referred by:	Unknown
Signature:	
Contact Number Department receiving client (To be filled in by clinic staff) Confirmatory Test	Enrolled into ART? Yes No
VMMC	Date enrolled on ART:/20
Other specify:	If enrolled in ART, provide the ART Number:
¥	P
Date://20	Was confirmatory HIV testing done?
Date:/20 ATTENTION: THE STAFF ON DUTY	Was confirmatory HIV testing done? Yes
ATTENTION: THE STAFF ON DUTY	Yes
ATTENTION: THE STAFF ON DUTY Health Facility District: I hereby sendSex:aged	Yes No
ATTENTION: THE STAFF ON DUTY Health Facility District:	Yes No Result of Confirmatory HIV testing (Tick one):
ATTENTION: THE STAFF ON DUTY Health Facility District: I hereby send Sex:aged years to you for further investigations and care	Yes No Result of Confirmatory HIV testing (Tick one): Non- Reactive Reactive
ATTENTION: THE STAFF ON DUTY Health Facility District: I hereby send Sex:aged years to you for further investigations and care after she/he performed an HIV self-test using oral fluid	Yes No Result of Confirmatory HIV testing (Tick one): Non- Reactive Reactive Indeterminate
ATTENTION: THE STAFF ON DUTY Health Facility District: I hereby send Sex:aged years to you for further investigations and care after she/he performed an HIV self-test using oral fluid (OraQuick).	Yes No Result of Confirmatory HIV testing (Tick one): Non- Reactive Reactive
ATTENTION: THE STAFF ON DUTY Health Facility District: I hereby send Sex:aged years to you for further investigations and care after she/he performed an HIV self-test using oral fluid (OraQuick). Referred by:	Yes No Result of Confirmatory HIV testing (Tick one): Non- Reactive Reactive Indeterminate
ATTENTION: THE STAFF ON DUTY Health Facility District: I hereby send Sex:aged years to you for further investigations and care after she/he performed an HIV self-test using oral fluid (OraQuick). Referred by: Signature: Contact Number Department receiving client (To be filled in by clinic staff)	Yes No Result of Confirmatory HIV testing (Tick one): Non- Reactive Reactive Indeterminate
ATTENTION: THE STAFF ON DUTY Health Facility District: I hereby send Sex:aged years to you for further investigations and care after she/he performed an HIV self-test using oral fluid (OraQuick). Referred by: Signature: Contact Number Department receiving client (To be filled in by clinic	Yes No Result of Confirmatory HIV testing (Tick one): Non- Reactive Reactive Indeterminate Unknown