

Attach Barcode Here!



HIV SELF TESTING
REFERRAL CARD



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HIV SELF TESTING
REFERRAL CARD



Date: ___/___/20___

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)

Confirmatory Test

VMMC

Other specify: _____

Was confirmatory HIV testing done?

Yes

No

Result of Confirmatory HIV testing (Tick one):

Non- Reactive

Reactive

Indeterminate

Unknown

Enrolled into ART? Yes No

Date enrolled on ART: ___/___/20___

If enrolled in ART, provide the ART Number:

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Date: ___/___/20___

ATTENTION: THE STAFF ON DUTY

Health Facility _____

District: _____

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