



## HIV SELF-TESTING REGISTER

**Distributor Name:**..... **District:**..... **Health Facility (Name)** .....

Distribution Channel (*Tick one*): **VMMC**

**Health Facility**

**Community**

SN	Client details							Stock Balance			Remarks
	Verbal Consent given?	Name	Home address	Age	Sex	Distribution Date DD/MM/YYYY	Barcode (Attach Barcode slip here)	Stock Received	# Issued	Balance	

Date (DD/MM/YYYY)	Number of People reached with HIVST Messages

**Note to vendor:**

- The provision for barcode sticking should measure 3cmx1cm
- Printing of the booklet registers will be in triplicate and landscape
- The register will have the serial numbers – can be numbered by the vendor