



# Immunology/Virology Order and Results Form

Initial Visit  
 Follow-up Visit

Facility Name: \_\_\_\_\_ 1. Collection Date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

2. Name \_\_\_\_\_  
Surname \_\_\_\_\_ Other Names \_\_\_\_\_

3. ID \_\_\_\_\_  
State Facility No. Serial Enrollment No.

4. Hospital No. \_\_\_\_\_

5. Sex  F  M 6. Age \_\_\_\_\_ years If < 5 years \_\_\_\_\_ months 7. Lab Reg. No. \_\_\_\_\_

- ORDERS**
- HIV Serology  
Confirmatory (if performed)
  - CD4
  - Viral Load
  - DNA PCR
  - Pregnancy

- RESULTS**
- Pos  Neg  Indeterminate
  - Pos  Neg
  - \_\_\_\_\_/mm<sup>3</sup> \_\_\_\_\_%
  - \_\_\_\_\_/mm<sup>3</sup> \_\_\_\_\_copies/ml
  - Pos  Neg  Indeterminate
  - Pos  Neg

- ORDERS**
- Hepatitis B Surface Antigen
  - VDRL
  - Hepatitis C

- RESULTS**
- Pos  Neg
  - Pos  Neg
  - Pos  Neg

Ordered by: \_\_\_\_\_  
Print Name Signature Date (dd/mm/yyyy)

Reported by: \_\_\_\_\_  
Print Name Signature Date (dd/mm/yyyy)

Checked by: \_\_\_\_\_  
Print Name Signature Date (dd/mm/yyyy)



# Hematology Order and Results Form

Initial Visit  
 Follow-up Visit

Facility Name: \_\_\_\_\_ 1. Collection Date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

2. Name \_\_\_\_\_  
Surname \_\_\_\_\_ Other Names \_\_\_\_\_

3. ID \_\_\_\_\_  
State Facility No. Serial Enrollment No.

4. Hospital No. \_\_\_\_\_

5. Sex  F  M 6. Age \_\_\_\_\_ years If < 5 years \_\_\_\_\_ months 7. Lab Reg. No. \_\_\_\_\_

- ORDERS**
- WBC
  - Lymphocytes
  - Monocytes
  - Polymorphs.
  - Eosinophils
  - Basophils
  - HCT/Hb
  - Platelets
  - Malaria smear

- RESULTS**
- \_\_\_\_\_.\_\_\_\_ x 10<sup>9</sup> c/L
  - \_\_\_\_\_/mm<sup>3</sup> \_\_\_\_\_%
  - \_\_\_\_\_/mm<sup>3</sup> \_\_\_\_\_%
  - \_\_\_\_\_/mm<sup>3</sup> \_\_\_\_\_%
  - \_\_\_\_\_/mm<sup>3</sup> \_\_\_\_\_%
  - \_\_\_\_\_/mm<sup>3</sup> \_\_\_\_\_%
  - \_\_\_\_\_% \_\_\_\_\_g/dl
  - \_\_\_\_\_.\_\_\_\_ x 10<sup>9</sup> c/L
  - Pos  Neg

Ordered by: \_\_\_\_\_  
Print Name Signature Date (dd/mm/yyyy)

Reported by: \_\_\_\_\_  
Print Name Signature Date (dd/mm/yyyy)

Checked by: \_\_\_\_\_  
Print Name Signature Date (dd/mm/yyyy)



# Chemistry Order and Results Form

Initial Visit  
 Follow-up Visit

Facility Name: \_\_\_\_\_ 1. Collection Date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

2. Name \_\_\_\_\_  
Surname \_\_\_\_\_ Other Names \_\_\_\_\_

3. ID \_\_\_\_\_  
State \_\_\_\_\_ Facility No. \_\_\_\_\_ Serial Enrollment No. \_\_\_\_\_

4. Hospital No. \_\_\_\_\_

5. Sex  F  M 6. Age \_\_\_\_\_ years If < 5 years \_\_\_\_\_ months 7. Lab Reg. No. \_\_\_\_\_

## ORDERS

- Na<sup>+</sup> \_\_\_\_\_ mmol/L
- K<sup>+</sup> \_\_\_\_\_ mmol/L
- Cl<sup>-</sup> \_\_\_\_\_ mmol/L
- HCO<sub>3</sub> \_\_\_\_\_ mmol/L
- Blood Urea \_\_\_\_\_ mmol/L
- Creatinine \_\_\_\_\_ mmol/L
- Glucose \_\_\_\_\_ milimol/L
- AST/SGOT \_\_\_\_\_ U/L
- ALT/SGPT \_\_\_\_\_ U/L
- Total Bilirubin \_\_\_\_\_ mmol/L
- Amylase \_\_\_\_\_ U/L

## RESULTS

- Total Cholesterol \_\_\_\_\_ mmol/L
- LDL \_\_\_\_\_ mmol/L
- HDL \_\_\_\_\_ mmol/L
- Triglyceride \_\_\_\_\_ mmol/L

Ordered by: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Reported by: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Checked by: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_



# Microbiology Order and Results Form

Initial Visit  
 Follow-up Visit

Facility Name: \_\_\_\_\_ 1. Collection Date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

2. Name \_\_\_\_\_  
Surname \_\_\_\_\_ Other Names \_\_\_\_\_

3. ID \_\_\_\_\_  
State \_\_\_\_\_ Facility No. \_\_\_\_\_ Serial Enrollment No. \_\_\_\_\_

4. Hospital No. \_\_\_\_\_

5. Sex  F  M 6. Age \_\_\_\_\_ years If < 5 years \_\_\_\_\_ months 7. Lab Reg. No. \_\_\_\_\_

## ORDERS

- TB AFB sputum smear
- \_\_\_\_\_

## RESULTS

- None/100 fields  1-9/field: record exact no: \_\_\_\_\_
- 1+  2+  3+

Ordered by: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Reported by: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Checked by: \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_