



FORM 4: PAEDIATRIC BASELINE LABORATORY RESULTS

(Form filled in by Clerk/Data Capturer)

Birth Registration/SA ID Number:

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Capturer:

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Date Baseline Bloods Taken:

d	d	m	m	y	y	y	y
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A. HIV TEST

Type of Test: Elisa
 PCR

Date Tested:

d	d	m	m	y	y	y	y
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Laboratory Site:

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B. CD4 RESULT

CD4%:

		.	
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Date Tested:

d	d	m	m	y	y	y	y
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Laboratory Site:

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C. HAEMATOLOGY

Lymphocyte

		.		
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10⁹/L

Haemoglobin

		.	
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g/dl

Platelets

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10⁹/L

D. CHEMICAL PATHOLOGY

Amylase

		.		
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IU/L

Cholesterol

		.		
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mmol/L

Glucose

		.		
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mmol/L

Triglycerides

		.		
--	--	---	--	--

mmol/L

E. LIVER FUNCTION TESTS

ALT

			.	
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IU/L

F. TUBERCULOSIS

TB Skin Test:

Positive

Negative

AFB:

Positive

Negative

Chest X-Ray:

Normal

Abnormal

G. VIROLOGY

Viral Load:

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copies/ml

Viral Load Log:

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Date Tested:

d	d	m	m	y	y	y	y
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Laboratory Site:

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H. OTHER TESTS

Other Tests:

Date Tested:

Result:

1] Hepatitis B (Optional)

d	d	m	m	y	y	y	y
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Positive

Negative

2]

d	d	m	m	y	y	y	y
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3]

d	d	m	m	y	y	y	y
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4]

d	d	m	m	y	y	y	y
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Comments:

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