

Tool 12: Monitor NHLS Results PCR and VL

Name of Clinic / CHC:		Year reviewed:		
Quarter 1: April - June				
Week N ^o	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
1				
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11				
12				
13				
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Week N ^o	Date	Number of high Viral Loads	Actions taken/ Comments
1			
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11			
12			
13			

Name of Clinic	/ CHC:		Yea	ar reviewed:
Quarter 2: July				
Week N ^o	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
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Veek N ^o	Date	Number of high Viral Loads	Actio	ons taken/ Comments
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11				
12				

Name of Clinic / CHC: _____ Year reviewed: ____

13

Week N ^o	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
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Week N°	Date	Number of high Viral Loads	Actions taken/ Comments
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12			
13			

Name of Clinic / CHC:	Year reviewed:
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Quarter 4: January – March

Week N°	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
1				
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12				
13				

Week N ^o	Date	Number of high Viral Loads	Actions taken/ Comments
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12			
13			