# Royal Centers for Disease Control
# Ministry of Health

## HIV LABORATORY TEST REQUEST FORM

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|---|---|---|---|
| Name of the Health facility: | | | |
| **Patient Information** | | | |
| Name: | | Age/Sex: | |
| CID: | | | |
| **Laboratory Information** | | | |
| Sample ID: | | | |
| Date of collection: | | Date of shipment: | |
| Test Kit(s) used:<br>1._____<br>2._____ | Lot No.:<br>1._____<br>2._____ | Expiry date:<br>1._____<br>2._____ | Test result:<br>1._____<br>2._____ |
| Tested by (Name and signature): | | Test date: | |
| Name, designation, contact add of the person to be notified: | | | |
| **This section is to be Filled by RCDC Only** | | | |
| Received by: | | Date: | |
| Sample condition:<br>Good:<br>Not good, specify:_____ | | | |
| New sample ID: | | | |
| Test kit(s) used:<br>1._____<br>2._____<br>3._____ | Lot No.:<br>1._____<br>2._____<br>3._____ | Expiry date:<br>1._____<br>2._____<br>3._____ | |
| Analyzed by (Name and signature): | | Test date: | |
| Notified to: | | | |
| Notified by:<br>Date: | | | |

***Note: Samples should be shipped frozen or at 2-8°C***