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| CHAP Logo temp | **HIV TEST RESULT FORM** | | |
| HOUSEHOLD NUMBER | | HOMESTEAD NUMBER |
| **D – 015501** | |  |
| Today’s Date | CHA CODE | DATABASE NUMBER |
| DD / MM / YYYY |  |  |
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|  | CLIENT NUMBER  (for D2D include Household Number) | |  | Today’s Date (DD/MM/YYYY) | / / |
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| **GENERAL INFORMATION** | | | | | |
| Testing Site |  | | | | |
| Counsellor’s Name |  | | | | |
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| **CLIENT DETAILS** | | | | | |
| Name |  | | | | |
| Age |  | Gender | Male / Female | | |
|  | | | | | |
| **TEST DETAILS** | | | | | |
| HIV Rapid Test Kit Utilized | Lot No. | | Result | | |
| Screening | Type: |  |  | | |
| Confirmatory | Type: |  |  | | |
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| **OVERALL HIV TEST RESULT** | | | | | |
| HIV Test Result/Outcome |  | | | | |
| Screened by: | *Name* | |  | *Signature:* | |
| Confirmed by: | *Name* | |  | *Signature:* | |
| Client: | *Date* / / | |  | *Signature:* | |
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|  |  | |  |  | |
|  | CLIENT NUMBER  (for D2D include Household Number) | |  | Today’s Date (DD/MM/YYYY) | / / |
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| **GENERAL INFORMATION** | | | | | |
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| Counsellor’s Name |  | | | | |
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| Age |  | Gender | Male / Female | | |
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| **TEST DETAILS** | | | | | |
| HIV Rapid Test Kit Utilized | Lot No. | | Result | | |
| Screening | Type: |  |  | | |
| Confirmatory | Type: |  |  | | |
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| **OVERALL HIV TEST RESULT** | | | | | |
| HIV Test Result/Outcome |  | | | | |
| Screened by: | *Name* | |  | *Signature:* | |
| Confirmed by: | *Name* | |  | *Signature:* | |
| Client: | *Date* / / | |  | *Signature:* | |
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|  | CLIENT NUMBER  (for D2D include Household Number) | |  | Today’s Date (DD/MM/YYYY) | / / |
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| **GENERAL INFORMATION** | | | | | |
| Testing Site |  | | | | |
| Counsellor’s Name |  | | | | |
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| **CLIENT DETAILS** | | | | | |
| Name |  | | | | |
| Age |  | Gender | Male / Female | | |
|  | | | | | |
| **TEST DETAILS** | | | | | |
| HIV Rapid Test Kit Utilized | Lot No. | | Result | | |
| Screening | Type: |  |  | | |
| Confirmatory | Type: |  |  | | |
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| **OVERALL HIV TEST RESULT** | | | | | |
| HIV Test Result/Outcome |  | | | | |
| Screened by: | *Name* | |  | *Signature:* | |
| Confirmed by: | *Name* | |  | *Signature:* | |
| Client: | *Date* / / | |  | *Signature:* | |
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|  | CLIENT NUMBER  (for D2D include Household Number) | |  | Today’s Date (DD/MM/YYYY) | / / |
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| **GENERAL INFORMATION** | | | | | |
| Testing Site |  | | | | |
| Counsellor’s Name |  | | | | |
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| **CLIENT DETAILS** | | | | | |
| Name |  | | | | |
| Age |  | Gender | Male / Female | | |
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| **TEST DETAILS** | | | | | |
| HIV Rapid Test Kit Utilized | Lot No. | | Result | | |
| Screening | Type: |  |  | | |
| Confirmatory | Type: |  |  | | |
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| **OVERALL HIV TEST RESULT** | | | | | |
| HIV Test Result/Outcome |  | | | | |
| Screened by: | *Name* | |  | *Signature:* | |
| Confirmed by: | *Name* | |  | *Signature:* | |
| Client: | *Date* / / | |  | *Signature:* | |
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|  | CLIENT NUMBER  (for D2D include Household Number) | |  | Today’s Date (DD/MM/YYYY) | / / |
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| **GENERAL INFORMATION** | | | | | |
| Testing Site |  | | | | |
| Counsellor’s Name |  | | | | |
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| **CLIENT DETAILS** | | | | | |
| Name |  | | | | |
| Age |  | Gender | Male / Female | | |
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| **TEST DETAILS** | | | | | |
| HIV Rapid Test Kit Utilized | Lot No. | | Result | | |
| Screening | Type: |  |  | | |
| Confirmatory | Type: |  |  | | |
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| **OVERALL HIV TEST RESULT** | | | | | |
| HIV Test Result/Outcome |  | | | | |
| Screened by: | *Name* | |  | *Signature:* | |
| Confirmed by: | *Name* | |  | *Signature:* | |
| Client: | *Date* / / | |  | *Signature:* | |
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| Testing Site |  | | | | |
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| Name |  | | | | |
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| **TEST DETAILS** | | | | | |
| HIV Rapid Test Kit Utilized | Lot No. | | Result | | |
| Screening | Type: |  |  | | |
| Confirmatory | Type: |  |  | | |
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| HIV Test Result/Outcome |  | | | | |
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