MINISTRY OF HEALTH

DRIED BLOOD SPOT DISPATCH FORM
#: Date of Collection | Infant Name | Infant ID Number | Sex (M/F) | Age in months | 1st or 2nd PCR? (circle) | Breastfeeding? (Y/N) | Mother PMTCT ARVs (use codes) | Infant’s PMTCT ARVs (use codes) | Testing Lab No. | Result (Pos / Neg / Ind) |
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**Mother’s PMTCT Codes:**
- **ANTENATAL:** 1) AZT 2) AZT/3TC 3) ART 4) None 5) Unknown
- **DELIVERY:** 1) sdNVP 2) sdNVP+AZT/3TC 3) ART 4) None 5) Unknown
- **POSTNATAL:** 1) AZT/3TC for 7 days 2) ART lifelong 3) ART to end of breastfeeding 4) None 5) Unknown

**Infant’s PMTCT Codes:**
- 1) Daily NVP from birth to 6 weeks
- 2) Daily NVP from birth through b/feeding
- 3) sdNVP only
- 4) sdNVP and AZT for 7 days
- 5) No ARVs at birth
- 6) Unknown

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**TO BE COMPLETED AT HEALTH UNIT:**

Date Samples Dispatched __________________________  Date Results Received from Testing Lab __________________________

How will results be transported back to the site? (circle) 1. Posta Uganda  2. Pick from Lab Directly  Tel No. for notification of results: __________________________

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**TO BE COMPLETED AT TESTING LAB:**

Name of Testing Lab __________________________  Date Samples Received __________________________  Date Results Packed for Dispatch __________________________

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*To order EID supplies or ask any questions, immediately call the National EID Coordinating Office on 0772 406 862 or 0800 221 100

**REMINDER:** Samples should be sent to lab once each week if ANY samples have been collected -- DO NOT WAIT !!!