Patient Information

REDCap Record ID _____

CAST-NET Study ID _____

Date form completed at NICD _____

NICD personnel completing form _____

Unique CDW ID _____

Episode Number _____

Testing Lab No _____

Province Name _____

District Name _____

Sub District Name _____

Facility ID _____

Facility Name _____

Ward Code _____

Ward Name _____

Gender ◯ Male
◯ Female

Date of Birth _____

Folder Number _____

Ref Number _____

Patient Surname _____

Patient Firstname _____

Patient National ID _____

Age tested (years) _____

Age tested (months) _____

Age tested (days) _____

NHLS Lab _____

Testing Lab prefix _____

Referring Lab name _____

Referring lab prefix _____

CD4 test method code _____

CD4 test method name _____

CrAg test method code   _____

CrAg test method name   _____

CD4 registered date ID   _____

Date specimen taken (for CD4)   _____

Date specimen taken (for CrAg)   _____

Date CD4 tested   _____

Date CrAg tested   _____

CD4 result (count)   _____

CrAg result
- ◯ Positive
- ◯ Negative
- ◯ Null

Reason CrAg test was Null   _____

CD4 positive count   _____

CD4 lymphocyte count   _____

CD4 lymphocyte percent   _____