

Attachment 6d

Surveillance Period Visit Form

**Medical Monitoring Project (MMP)  
Medical Record Abstraction Form  
2008 Surveillance Period Visit Form (SPVF)  
VERSION 3.0.0**

Public reporting burden of this collection of information is estimated to average 3 minutes per patient record pulled, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0740). Do not send the completed form to this address.

OPTIONAL- FOR LOCAL USE ONLY

<b>MMP SPVF v3.0.0</b>		<b>Abstraction Facility ID:</b>	
<b>MMP Participant ID:</b>		(ID of the facility where abstraction is being conducted)	
<b>Date of Visit:</b>	<input type="text"/>	<input type="radio"/>	Date not documented
	<small>Mo. Day Year</small>		
<b>Medical record number:</b>			
<b>Patient name:</b>			
<b>Patient residence:</b>			
<b>Street:</b>			
<b>City/County:</b>		<b>State:</b>	
<b>ZIP code:</b>			
<b>Physician name:</b>			





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control & Prevention

## Medical Monitoring Project (MMP) Medical Record Abstraction Form 2008 Surveillance Period Visit Form (SPVF) v3.0.0



### I. ABSTRACTION AND IDENTIFICATION

MMP Participant ID:

Surveillance Period (SP)

SP start date:

(12 months prior to date of interview OR 1<sup>st</sup> contact attempt if no interview obtained)

SP end date:

(date of interview OR 1<sup>st</sup> contact attempt if no interview obtained)

Date of abstraction:

Abstractor ID:

Date of visit:

This visit for laboratory tests only → Complete Sections I, X, and XI

Abstraction Facility ID:

(ID of the facility where abstraction is being conducted)

**Was the documented care abstracted with this form given at another facility (i.e., outside the Abstraction Facility)?**

Yes

Complete information about the "Care" Facility →

Enter Care Facility ID or indicate that Care Facility was not documented or was outside jurisdiction:

Care Facility ID

(ID of the facility where the documented care was provided)

No

Continue to Section II below

Care Facility not documented or outside jurisdiction

### II. PATIENT WEIGHT

Weight during this visit (lbs):

lbs.

Weight not documented

### III. SURVEILLANCE PERIOD VISIT FORM SECTIONS - OPTIONAL

Is there documentation of any of the following during this visit?

Yes → Select all that are documented below.

No → This form is now complete except for optional section XII (Remarks).

<input type="radio"/> New or existing diagnoses of AIDS defining opportunistic illnesses (AIDS OI) → <b>Complete section IV.</b>	<input type="radio"/> Prescription or continuation of antiretroviral therapy (ART) → <b>Complete section VIII.</b>
<input type="radio"/> New or existing diagnoses of conditions other than AIDS OI → <b>Complete section V.</b>	<input type="radio"/> Prescription or continuation of medications other than ART → <b>Complete section IX.</b>
<input type="radio"/> Prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) or <i>Mycobacterium avium</i> complex (MAC) → <b>Complete section VI.</b>	<input type="radio"/> Frequently repeated laboratory tests → <b>Select this box, and complete section X on visit form for the date the specimen was collected.</b>
<input type="radio"/> Sexually transmitted infections (STIs) → <b>Complete section VII.</b>	<input type="radio"/> Other laboratory tests, including HIV ART resistance tests → <b>Select this box, and complete section XI on visit form for date the specimen was collected.</b>

#### IV. AIDS DEFINING OPPORTUNISTIC ILLNESSES (AIDS OI)

Is there documentation of any new or existing diagnoses of AIDS defining opportunistic illnesses (AIDS OI) during this visit?

Yes → Select all that are documented below.

No

1	<input type="radio"/> Candidiasis, bronchi, trachea, or lungs
2	<input type="radio"/> Candidiasis, esophageal
3	<input type="radio"/> Carcinoma, invasive cervical
4	<input type="radio"/> Coccidioidomycosis, disseminated or extrapulmonary
5	<input type="radio"/> Cryptococcosis, extrapulmonary
6	<input type="radio"/> Cryptosporidiosis, chronic intestinal (>1 month duration)
7	<input type="radio"/> Cytomegalovirus disease (other than in liver, spleen, or lymph nodes)
8	<input type="radio"/> Cytomegalovirus retinitis (with loss of vision)
9	<input type="radio"/> Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis
10	<input type="radio"/> HIV encephalopathy
11	<input type="radio"/> Histoplasmosis, disseminated or extrapulmonary
12	<input type="radio"/> Isosporiasis, chronic intestinal (>1 month duration)
13	<input type="radio"/> Kaposi's sarcoma
14	<input type="radio"/> Lymphoma, Burkitt's (or equivalent term)
15	<input type="radio"/> Lymphoma, immunoblastic (or equivalent term, IBL)
16	<input type="radio"/> Lymphoma (primary in brain)
17	<input type="radio"/> <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary
18	<input type="radio"/> <i>M. tuberculosis</i> , pulmonary
19	<input type="radio"/> <i>M. tuberculosis</i> , disseminated or extrapulmonary
20	<input type="radio"/> <i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary
21	<input type="radio"/> <i>Pneumocystis jiroveci</i> pneumonia (PCP)
22	<input type="radio"/> Pneumonia, recurrent in 12 month period
23	<input type="radio"/> Progressive multifocal leukoencephalopathy (PML)
24	<input type="radio"/> Salmonella septicemia, recurrent
25	<input type="radio"/> Toxoplasmosis of brain
26	<input type="radio"/> Wasting syndrome due to HIV

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### V. CONDITIONS OTHER THAN AIDS OI

Is there documentation of any new or existing diagnoses of conditions other than AIDS OI during this visit?

Yes → Select all that are documented below.

No

1 <input type="radio"/> Abscess	19 <input type="radio"/> Erythema multiforme	37 <input type="radio"/> Hypogonadism (gonadal deficiency)	55 <input type="radio"/> Prostatitis
2 <input type="radio"/> Alcoholism	20 <input type="radio"/> Erythroderma	38 <input type="radio"/> Hypothyroidism	56 <input type="radio"/> Psoriasis
3 <input type="radio"/> Anxiety disorder	21 <input type="radio"/> Fatty liver	39 <input type="radio"/> Ischemic heart disease	57 <input type="radio"/> Psychosis, including schizophrenia
4 <input type="radio"/> Arthritis (osteoarthritis)	22 <input type="radio"/> Fever, unexplained, >100°F for 2+ weeks*	40 <input type="radio"/> Lactic acidosis	58 <input type="radio"/> Pulmonary hypertension
5 <input type="radio"/> Asthma	23 <input type="radio"/> Gastroesophageal reflux disease (GERD)	41 <input type="radio"/> Lipoatrophy	59 <input type="radio"/> Rash, drug-related
6 <input type="radio"/> Avascular necrosis	24 <input type="radio"/> Guillain-Barré syndrome	42 <input type="radio"/> Lipodystrophy	60 <input type="radio"/> Renal failure
7 <input type="radio"/> Buffalo hump	25 <input type="radio"/> Hearing loss, acquired	43 <input type="radio"/> Malignancy	61 <input type="radio"/> Respiratory infection, upper
8 <input type="radio"/> Bronchitis	26 <input type="radio"/> Hepatic (liver) failure	44 <input type="radio"/> Metabolic syndrome	62 <input type="radio"/> Respiratory infection, NOS
9 <input type="radio"/> Cardiomyopathy, due to HIV or unknown cause	27 <input type="radio"/> Hepatitis, alcohol-induced	45 <input type="radio"/> Myelopathy (spinal cord disease/disorder)	63 <input type="radio"/> Seborrheic dermatitis
10 <input type="radio"/> Cellulitis (skin infection, bacterial)	28 <input type="radio"/> Hepatitis, drug-induced	46 <input type="radio"/> Myopathy (muscular weakness or changes)	64 <input type="radio"/> Stevens-Johnson Syndrome
11 <input type="radio"/> Depression, diagnosed by physician	29 <input type="radio"/> Hepatitis, infectious, not drug-induced	47 <input type="radio"/> Nephrolithiasis (kidney stone)	65 <input type="radio"/> Stroke, ischemic, non-hemorrhagic
12 <input type="radio"/> Diabetes mellitus (DM), type 1	30 <input type="radio"/> Hepatitis, NOS	48 <input type="radio"/> Nephropathy (kidney damage)	66 <input type="radio"/> Suicide attempt
13 <input type="radio"/> Diabetes mellitus (DM), type 2	31 <input type="radio"/> Hodgkin's lymphoma (Hodgkin's disease)	49 <input type="radio"/> Neuropathy, cranial	67 <input type="radio"/> Thrombocytopenia, idiopathic (ITP)
14 <input type="radio"/> Diabetes mellitus (DM), NOS	32 <input type="radio"/> Human papillomavirus (HPV) infection	50 <input type="radio"/> Neuropathy, peripheral	68 <input type="radio"/> Vision loss, moderate or severe; blindness
15 <input type="radio"/> Diarrhea, allergic/colitis	33 <input type="radio"/> Hypercholesterolemia	51 <input type="radio"/> Neuropathy, NOS	69 <input type="radio"/> Warts, anal or genital
16 <input type="radio"/> Diarrhea, infectious	34 <input type="radio"/> Hyperglycemia	52 <input type="radio"/> Oral candidiasis (thrush)	70 <input type="radio"/> Warts, non-anal, non-genital
17 <input type="radio"/> Diarrhea, NOS	35 <input type="radio"/> Hypertension (high blood pressure)	53 <input type="radio"/> Osteopenia or osteoporosis	*in absence of a known cause
18 <input type="radio"/> Erectile dysfunction	36 <input type="radio"/> Hypertriglyceridemia	54 <input type="radio"/> Pneumonia	
71 <input type="radio"/> Other, specify:			
72 <input type="radio"/> Other, specify:			
73 <input type="radio"/> Other, specify:			
74 <input type="radio"/> Other, specify:			

75 Other, specify:		
76 Other, specify:		
77 Other, specify:		

**VI. PROPHYLAXIS**

<p><b>Is there documentation of prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) during this visit?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No</p> <p><b>Prescription must be for PCP prophylaxis.</b> Medications include:          Bactrim® (Septra, Cotrim, Co-trimoxazole, trimethoprim, sulfamethoxazole)          Dapsone®          Pentamidine® (pentamidine isothianate)          Mepron® or Mepron® Suspension (atovaquone)          Clindamycin® (clindamycin hydrochloride) + Primaquine® (primaquine phosphate)          Dapsone® + Daraprim® (pyrimethamine) + Folinic Acid</p>	<p><b>Is there documentation of prescription for prophylaxis of <i>Mycobacterium avium</i> complex (MAC) during this visit?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No</p> <p><b>Prescription must be for MAC prophylaxis.</b> Medications include:          Biaxin Filmtab® (clarithromycin)          Biaxin Granules®          Biaxin XL®          Zithromax®          Zithromax Single Pack® (azithromycin, azithromycin dihydrate)          Mycobutin® (rifabutin)</p>
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## VII. SEXUALLY TRANSMITTED INFECTIONS (STIs)

**Is there documentation of any new or existing diagnoses\* of sexually transmitted infections during this visit?**

Yes → Select all that are documented below.

No

<input type="radio"/> <sup>1</sup> Cervicitis	<input type="radio"/> <sup>5</sup> Lymphogranuloma venereum (LGV)	<input type="radio"/> <sup>9</sup> Syphilis, NOS	<input type="radio"/> <sup>13</sup> STI not specified
<input type="radio"/> <sup>2</sup> Chancroid	<input type="radio"/> <sup>6</sup> Pelvic inflammatory disease (PID)	<input type="radio"/> <sup>10</sup> Urethritis, gonococcal	*For this section, abstract only the medical provider's explicit documentation of any of these conditions as a clinical diagnosis.
<input type="radio"/> <sup>3</sup> Epididymitis	<input type="radio"/> <sup>7</sup> Proctitis / proctocolitis	<input type="radio"/> <sup>11</sup> Urethritis, non-gonococcal (non-gonococcal urethritis, NGU)	
<input type="radio"/> <sup>4</sup> Genital Herpes	<input type="radio"/> <sup>8</sup> Syphilis, primary or secondary	<input type="radio"/> <sup>12</sup> Urethritis, NOS	
<input type="radio"/> <sup>14</sup> Other, specify:			
<input type="radio"/> <sup>15</sup> Other, specify:			
<input type="radio"/> <sup>16</sup> Other, specify:			
<input type="radio"/> <sup>17</sup> Other, specify:			

## VIII. ANTIRETROVIRAL THERAPY (ART)

**Is there documentation of prescription or continuation of antiretroviral therapy (ART) during this visit?**

Yes → Select all that are documented below.

No

<input type="radio"/> <sup>1</sup> Abacavir (ABC, Ziagen)	<input type="radio"/> <sup>9</sup> Efavirenz (EFV, Sustiva)	<input type="radio"/> <sup>17</sup> Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	<input type="radio"/> <sup>25</sup> Tenofovir (TDF, Viread)
<input type="radio"/> <sup>2</sup> Amprenavir (APV, Agenerase)	<input type="radio"/> <sup>10</sup> Emtricitabine (FTC, Emtriva)	<input type="radio"/> <sup>18</sup> Maraviroc (MRC, Selzentry)	<input type="radio"/> <sup>26</sup> Tipranavir (TPV, Aptivus)
<input type="radio"/> <sup>3</sup> Atazanavir (ATV, Reyataz)	<input type="radio"/> <sup>11</sup> Enfuvirtide (ENF, T-20, Fuzeon)	<input type="radio"/> <sup>19</sup> Nelfinavir (NFV, Viracept)	<input type="radio"/> <sup>27</sup> Trizivir (ABC/3TC/AZT)
<input type="radio"/> <sup>4</sup> Atripla (EFV/FTC/TDF)	<input type="radio"/> <sup>12</sup> Epzicom (ABC/3TC)	<input type="radio"/> <sup>20</sup> Nevirapine (NVP, Viramune)	<input type="radio"/> <sup>28</sup> Truvada (FTC/TDF)
<input type="radio"/> <sup>5</sup> Combivir (AZT/3TC)	<input type="radio"/> <sup>13</sup> Etravirine (ETR, Intelence, formerly TMC125)	<input type="radio"/> <sup>21</sup> Raltegravir (RAL, Isentress, formerly MK-0518)	<input type="radio"/> <sup>29</sup> Zalcitabine (ddC, Hivid)
<input type="radio"/> <sup>6</sup> Darunavir (DRV, TMC 114, Prezista)	<input type="radio"/> <sup>14</sup> Fosamprenavir (FPV, Lexiva)	<input type="radio"/> <sup>22</sup> Ritonavir (RTV, Norvir)	<input type="radio"/> <sup>30</sup> Zidovudine (AZT, Retrovir)
<input type="radio"/> <sup>7</sup> Delavirdine (DLV, Rescriptor)	<input type="radio"/> <sup>15</sup> Indinavir (IDV, Crixivan)	<input type="radio"/> <sup>23</sup> Saquinavir (SQV-HGC, Invirase, Fortovase)	
<input type="radio"/> <sup>8</sup> Didanosine (ddl, Videx)	<input type="radio"/> <sup>16</sup> Lamivudine (3TC, Epivir)	<input type="radio"/> <sup>24</sup> Stavudine (d4T, Zerit)	
<input type="radio"/> <sup>31</sup> Other, Specify:			
<input type="radio"/> <sup>32</sup> Other, Specify:			

<sup>33</sup> <input type="radio"/> Other, Specify:	
<sup>34</sup> <input type="radio"/> Other, Specify:	

## IX. OTHER MEDICATIONS

Is there documentation of prescription or continuation of medications other than ART during this visit?

Yes → Select all that are documented below.

No

1	<input type="radio"/> acarbose	48	<input type="radio"/> esomeprazole
2	<input type="radio"/> acetaminophen/hydrocodone	49	<input type="radio"/> ethambutol
3	<input type="radio"/> acetaminophen/oxycodone	50	<input type="radio"/> ethionamide
4	<input type="radio"/> acyclovir	51	<input type="radio"/> famotidine
5	<input type="radio"/> adefovir	52	<input type="radio"/> fexofenadine
6	<input type="radio"/> albuterol	53	<input type="radio"/> filgrastim
7	<input type="radio"/> albuterol/ipratropium	54	<input type="radio"/> folinic acid
8	<input type="radio"/> aldesleukin	55	<input type="radio"/> fluconazole
9	<input type="radio"/> alprazolam	56	<input type="radio"/> fludrocortisone
10	<input type="radio"/> amikacin	57	<input type="radio"/> fluoxetine
11	<input type="radio"/> amitriptyline	58	<input type="radio"/> fluphenazine
12	<input type="radio"/> amitriptyline/chlordiazepoxide	59	<input type="radio"/> fluticasone
13	<input type="radio"/> amoxicillin	60	<input type="radio"/> fluticasone/salmeterol
14	<input type="radio"/> amoxicillin/clavulanate	61	<input type="radio"/> fluvastatin
15	<input type="radio"/> aspirin (ASA)	62	<input type="radio"/> foscarnet
16	<input type="radio"/> atenolol	63	<input type="radio"/> gabapentin
17	<input type="radio"/> atorvastatin	64	<input type="radio"/> gatifloxacin
18	<input type="radio"/> azithromycin	65	<input type="radio"/> gemfibrozil
19	<input type="radio"/> baclofen	66	<input type="radio"/> hydrochlorothiazide (HCTZ)
20	<input type="radio"/> bupropion	67	<input type="radio"/> hydrochlorothiazide (HCTZ)/methyldopa
21	<input type="radio"/> buspirone	68	<input type="radio"/> hydrochlorothiazide (HCTZ)/metoprolol
22	<input type="radio"/> butalbital/aspirin	69	<input type="radio"/> hydrochlorothiazide (HCTZ)/triamterene
23	<input type="radio"/> butalbital/aspirin/caffeine (BAC)	70	<input type="radio"/> imiquimod
24	<input type="radio"/> calcitrol	71	<input type="radio"/> insulin (inhaled or injectable)
25	<input type="radio"/> capreomycin	72	<input type="radio"/> interferon alphacon-1
26	<input type="radio"/> cetirizine	73	<input type="radio"/> interferon alfa 2a
27	<input type="radio"/> chlorpropamide	74	<input type="radio"/> interferon alfa 2b
28	<input type="radio"/> cimetidine	75	<input type="radio"/> iodoquinol
29	<input type="radio"/> ciprofloxacin	76	<input type="radio"/> isoniazid (INH)
30	<input type="radio"/> citalopram	77	<input type="radio"/> isoniazid (INH)/pyrazinamide (PZA)/rifampin
31	<input type="radio"/> clonazepam	78	<input type="radio"/> isoniazid (INH)/rifampin
32	<input type="radio"/> cromolyn	79	<input type="radio"/> kanamycin
	<input type="radio"/> cycloserine		<input type="radio"/> lansoprazole

33	<input type="radio"/>		80	<input type="radio"/>	
34	<input type="radio"/>	cyclosporine	81	<input type="radio"/>	lansoprazole/amoxicillin/clarithromycin
35	<input type="radio"/>	dapsone (DDS)	82	<input type="radio"/>	levofloxacin
36	<input type="radio"/>	darifenacin	83	<input type="radio"/>	levothyroxine
37	<input type="radio"/>	dexamethasone	84	<input type="radio"/>	lisinopril
38	<input type="radio"/>	diphenhydramine	85	<input type="radio"/>	lithium
39	<input type="radio"/>	doxorubicin	86	<input type="radio"/>	loxapine
40	<input type="radio"/>	doxorubicin liposomal	87	<input type="radio"/>	megestrol
41	<input type="radio"/>	doxycycline	88	<input type="radio"/>	metformin
42	<input type="radio"/>	dronabinol	89	<input type="radio"/>	methadone
43	<input type="radio"/>	enalapril	90	<input type="radio"/>	metoclopramide
44	<input type="radio"/>	enalapril/hydrochlorothiazide (HCTZ)	91	<input type="radio"/>	metoprolol
45	<input type="radio"/>	entecavir	92	<input type="radio"/>	mirtazapine
46	<input type="radio"/>	epoetin alfa (EPO)	93	<input type="radio"/>	moxifloxacin
47	<input type="radio"/>	escitalopram	94	<input type="radio"/>	nalbuphine

### IX. OTHER MEDICATIONS cont'd

95	<input type="radio"/>	niacin	121	<input type="radio"/>	rifampin
96	<input type="radio"/>	nifedipine	122	<input type="radio"/>	rifapentine
97	<input type="radio"/>	nizatidine	123	<input type="radio"/>	rosiglitazone
98	<input type="radio"/>	octreotide	124	<input type="radio"/>	rosiglitazone/glemepiride
99	<input type="radio"/>	olanzapine	125	<input type="radio"/>	rosuvastatin
100	<input type="radio"/>	omeprazole	126	<input type="radio"/>	sertraline
101	<input type="radio"/>	oxycodone	127	<input type="radio"/>	sildenafil
102	<input type="radio"/>	p-aminosalicylate	128	<input type="radio"/>	somatropin
103	<input type="radio"/>	palonosetron	129	<input type="radio"/>	streptomycin
104	<input type="radio"/>	pantoprazole	130	<input type="radio"/>	tadalafil
105	<input type="radio"/>	paroxetine	131	<input type="radio"/>	tamsulosin
106	<input type="radio"/>	peginterferon alfa 2a	132	<input type="radio"/>	telbivudine
107	<input type="radio"/>	peginterferon alfa 2b	133	<input type="radio"/>	testosterone
108	<input type="radio"/>	penicillin	134	<input type="radio"/>	tinidazole
109	<input type="radio"/>	phenytoin	135	<input type="radio"/>	trazadone
110	<input type="radio"/>	pioglitazone	136	<input type="radio"/>	triamcinolone nasal
111	<input type="radio"/>	podofilox topical	137	<input type="radio"/>	trichloroacetic acid (TCA) topical
112	<input type="radio"/>	podophyllin topical	138	<input type="radio"/>	trimethoprim/sulfamethoxazole (TMP/SMZ)
113	<input type="radio"/>	pravastatin	139	<input type="radio"/>	valacyclovir
114	<input type="radio"/>	prednisone	140	<input type="radio"/>	valproic acid

115	<input type="radio"/> propranolol	141	<input type="radio"/> vancomycin
116	<input type="radio"/> propranolol/hydrochlorothiazide (HCTZ)	142	<input type="radio"/> vardenafil
117	<input type="radio"/> pyrazinamide (PZA)	143	<input type="radio"/> venlafaxine
118	<input type="radio"/> ranitidine	144	<input type="radio"/> warfarin
119	<input type="radio"/> ribavirin	145	<input type="radio"/> zanamivir
120	<input type="radio"/> rifabutin	146	<input type="radio"/> zolpidem

147	Other, <input type="radio"/>	Specify: _____
148	Other, <input type="radio"/>	Specify: _____
149	Other, <input type="radio"/>	Specify: _____
150	Other, <input type="radio"/>	Specify: _____
151	Other, <input type="radio"/>	Specify: _____

**X. LABORATORY TESTING – FREQUENTLY REPEATED TESTS**

Is there documentation of any of the following frequently repeated laboratory tests done at this visit?

Yes → Enter all that are documented below *on the visit form for the date the specimen was collected.*

No

**CD4 & HIV VIRAL LOAD**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
1 <input type="radio"/> CD4 cell count						Cells/ mm <sup>3</sup> or µL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
2 <input type="radio"/> CD4 cell %						% <input type="radio"/> Units not documented
3 <input type="radio"/> HIV viral load				<input type="radio"/>		Copies/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
					Lower Limit of Detection for HIV Viral Load Test Used: →	<input type="text"/>
					Lower Limit NOT documented	

**X. LABORATORY TESTING – FREQUENTLY REPEATED TESTS cont'd**

**GLUCOSE REGULATION TESTS**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
4 <input type="radio"/> <b>FBG (FBS,</b> Fasting blood glucose)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
5 <input type="radio"/> <b>Hemoglobin A1c</b> (HbA1c)						% <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

**HEMATOLOGY TESTS**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
6 <input type="radio"/> <b>WBC</b> (White blood cell Or Leukocyte count)						Thousands/ mm <sup>3</sup> or $\mu$ L ( $\times 10^3$ / mm <sup>3</sup> or $\mu$ L) <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
7 <input type="radio"/> <b>RBC (Red blood cell</b> Or Erythrocyte count)						Millions/ mm <sup>3</sup> or $\mu$ L ( $\times 10^6$ / mm <sup>3</sup> or $\mu$ L) <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
8 <input type="radio"/> <b>Hemoglobin</b> (Hgb, Hb)						g/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
9 <input type="radio"/> <b>Platelet count</b> (PLT, Thrombocyte count)						Thousands/ mm <sup>3</sup> or $\mu$ L ( $\times 10^3$ / mm <sup>3</sup> or $\mu$ L) <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

**LIPID LEVELS**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
10 <input type="radio"/> <b>Cholesterol,</b> HDL (HDL-C)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
11 <input type="radio"/> <b>Cholesterol,</b> LDL (LDL-C)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
12 <input type="radio"/> <b>Cholesterol,</b> Total						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
13 <input type="radio"/> <b>Triglycerides</b> (TG, TRIG)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

**LIVER FUNCTION TESTS (LFTs)**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
14 <input type="radio"/> <b>Albumin (ALB)</b>						g/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
15 <input type="radio"/> <b>ALT (SGPT)</b>						Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
16 <input type="radio"/> <b>AST (SGOT)</b>						Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
17 <input type="radio"/> <b>Bilirubin, total</b>						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

**RENAL FUNCTION TESTS**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
18 <input type="radio"/> <b>Creatinine (Creat, Cr)</b>						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
19 <input type="radio"/> <b>Urine protein,</b> dipstick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

**XI. LABORATORY TESTING – OTHER TESTS**

Is there documentation of any of the following other laboratory tests done at this visit?

Yes → Enter all that are documented below *on the visit form for the date the specimen was collected.*  
 No

**CHEMISTRY TESTS**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
<sup>20</sup> <input type="radio"/> <b>Urine protein, 24 hour</b>						mg/24 hours <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
<sup>21</sup> <input type="radio"/> <b>Urinary hCG</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

## XI. LABORATORY TESTING – OTHER TESTS cont'd

### INFECTIOUS DISEASE TESTS: Hepatitis A, B, C

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
22 <input type="radio"/> Anti-HAV IgG <small>(HAV Ab IgG)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
23 <input type="radio"/> Anti-HAV IgM <small>(HAV Ab IgM)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
24 <input type="radio"/> Anti-HAV total <small>(HAV Ab total)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
25 <input type="radio"/> Anti-HBc IgG <small>(HBc Ab IgG)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
26 <input type="radio"/> Anti-HBc IgM <small>(HBc Ab IgM)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
27 <input type="radio"/> Anti-HBc total <small>(HBc Ab total)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
28 <input type="radio"/> Anti-HBe (HBe Ab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
29 <input type="radio"/> Anti-HBs IgG <small>(HBs IgG Ab)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
30 <input type="radio"/> Anti-HBs total <small>(HBs Ab)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
31 <input type="radio"/> HBeAg <small>(Hepatitis B e-antigen)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
32 <input type="radio"/> HBsAg <small>(Hepatitis B surface antigen)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
33 <input type="radio"/> HBV DNA (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
Lower Limit of Detection for HBV DNA (PCR) Test Used: →					Lower Limit NOT documented	

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
34 <input type="radio"/> Anti-HCV, EIA, or RIBA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
35 <input type="radio"/> HCV genotype						
36 <input type="radio"/> HCV RNA qualitative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
37 <input type="radio"/> HCV RNA quantitative (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
Lower Limit of Detection for HCV RNA (PCR) Test Used: →					Lower Limit of Detection NOT documented	

### INFECTIOUS DISEASE TESTS: Human Papillomavirus (HPV), Syphilis, Toxoplasma

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
38 <input type="radio"/> HPV DNA (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
Lower Limit of Detection for HPV DNA (PCR) Test Used: →					Lower Limit of Detection NOT documented	
39 <input type="radio"/> Dark field microscopy <small>(Immunofluorescent stain for <i>T. pallidum</i> / syphilis)</small>	<input type="radio"/>	<input type="radio"/>				
40 <input type="radio"/> FTA-ABS (FTA,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			



41	<input type="radio"/> RPR (Non-treponemal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			titer
42	<input type="radio"/> TPHA (TP-PA, MHA-TP,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
43	<input type="radio"/> VDRL (Non-treponemal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			titer
44	<input type="radio"/> Anti-Toxoplasma IgG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

## XI. LABORATORY TESTING – OTHER TESTS cont'd

### INFECTIOUS DISEASE TESTS: Chlamydia, Gonorrhea, Trichomonas

45 <b>Chlamydia Tests</b> <small>(CT, C. trachomatis tests)</small>	Result			Site of Specimen Collection (select one for each test performed)							
	Pos(+)	Neg(-)	Indeterminate	Anorectal	Cervical	Lymph node	Ocular	Pharyngeal	Urethral (swab)	Urine	NOS
1 <input type="radio"/> Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 <input type="radio"/> DFA*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 <input type="radio"/> EIA (ELISA)†	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 <input type="radio"/> NAAT‡	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 <input type="radio"/> Nucleic acid probe§	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 <input type="radio"/> Test not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

46 <b>Gonorrhea Tests</b> <small>(GC, N. gonorrhoea tests)</small>	Result			Site of Specimen Collection (select one for each test performed)							
	Pos(+)	Neg(-)	Indeterminate	Anorectal	Cervical	Lymph node	Ocular	Pharyngeal	Urethral (swab)	Urine	NOS
1 <input type="radio"/> Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 <input type="radio"/> Gram stain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 <input type="radio"/> NAAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 <input type="radio"/> Nucleic acid probe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 <input type="radio"/> Test not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

47 <b>Trichomonas Tests</b> <small>(T. vaginalis tests)</small>	Result			Site of Specimen Collection (select one for each test performed)							
	Pos(+)	Neg(-)	Indeterminate	Anorectal	Cervical	Lymph node	Ocular	Pharyngeal	Urethral (swab)	Urine	NOS
1 <input type="radio"/> Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>		<input type="radio"/>
2 <input type="radio"/> EIA / other molecular assay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>		<input type="radio"/>
3 <input type="radio"/> Wet mount	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>		<input type="radio"/>
4 <input type="radio"/> Test not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>		<input type="radio"/>

\*DFA = Direct fluorescent amplification  
†EIA (ELISA) = Enzyme-linked immunoassay  
‡NAAT = Nucleic acid amplification test (usually done on urine specimen, sometimes on cervical / urethral swabs)  
§Nucleic acid probe – Also known as DNA probe assay, direct hybridization probe test

### INFECTIOUS DISEASE TESTS: Drug Resistance

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
48 <b>Resistance test for INH</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
49 <b>Resistance test for Rifampicin</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

50 **Genotypic ART resistance test (Select one below)**

**Select all ART classes documented with resistance and/or possible resistance:**

1 <input type="radio"/> Resistance reported →	<input type="radio"/> FI	<input type="radio"/> PI	<input type="radio"/> NRTI	<input type="radio"/> NNRTI	<input type="radio"/> ART classes not specified
2 <input type="radio"/> Possible resistance reported →	<input type="radio"/> FI	<input type="radio"/> PI	<input type="radio"/> NRTI	<input type="radio"/> NNRTI	<input type="radio"/> ART classes not specified
3 <input type="radio"/> No resistance reported					
4 <input type="radio"/> Indeterminate result					
5 <input type="radio"/> Test result not documented					

<input type="radio"/>	6	Documented that genotypic resistance testing was not done
<input type="radio"/>	7	Genotypic resistance testing not documented
<input type="radio"/>	51	<b>Phenotypic ART resistance test</b> (Select <u>one</u> below)
		<b>Select <u>all</u> ART classes documented with resistance and/or intermediate resistance:</b>
<input type="radio"/>	1	Resistance reported →
<input type="radio"/>	2	Intermediate resistance reported →
<input type="radio"/>	3	No resistance reported
<input type="radio"/>	4	Indeterminate result
<input type="radio"/>	5	Test result not documented
<input type="radio"/>	6	Documented that genotypic resistance testing was not done
<input type="radio"/>	7	Phenotypic resistance testing not documented

## XI. LABORATORY TESTING – OTHER TESTS cont'd

<sup>52</sup>  Virtual phenotypic ART resistance test (Select one below)

Select all ART classes documented with resistance and/or possible / intermediate resistance:

<sup>1</sup>  Resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified

<sup>2</sup>  Possible/intermediate resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified

<sup>3</sup>  No resistance reported

<sup>4</sup>  Indeterminate result

<sup>5</sup>  Test result not documented

<sup>6</sup>  Documented that genotypic resistance testing was not done

<sup>7</sup>  Virtual phenotypic resistance testing not documented


