LSOCA

HIV Viral Load

Purpose: Record results of most recent HIV viral load analysis available from the patient's medical record during the visit time window. For baseline visit, record the most recent data available prior to enrollment.

When: At all clinic visits, baseline and followup.

By whom: Clinic coordinator.

A. Clinic, patient, and visit identification

1. Clinic ID code: ___ ___ ___ ___

2. Patient ID#: ___ ___ ___ ___

3. Patient name code: ___ ___ ___ ___ ___

4. Date of visit:

___ ___ - ___ ___ - ___ ___
day   month   year

5. Visit ID code: ___ ___ ___

6. Lab ID#: ___ ___

(If lab has not been assigned a SOCA Lab ID#, fill in "N").

B. HIV viral load

7. Date of most recent HIV viral load analysis

If HIV viral load analysis is not available, record "N-N-N" for item 7 then skip to Section C:

___ ___ - ___ ___ - ___ ___
day   month   year

8. Type of assay used to determine HIV viral load *(check only one):*

Polymerase chain reaction (PCR) : AMPLICOR HIV-1 MONITOR™ Test (*Roche*)

Ultrasensitive specimen processing procedure ($_0$)

Standard specimen processing procedure ($_1$)

Branched DNA (bDNA) : VERSANT® HIV-1 RNA 3.0 assay (*Bayer*) ($_2$)

Nucleic acid sequence based amplification (NASBA) : NucliSens® HIV-1 QT (*bioMerieux*) ($_3$)

Other *(specify):* ($_4$)

_____
specify

Polymerase chain reaction (PCR): COBAS® Ampliprep/ COBAS® TaqMan® HIV-1 Test (Roche Diagnostics) ($_5$)

Polymerase chain reaction (PCR): RealTime HIV-1 Test (Abbott Molecular) ($_6$)

For item #9, enter in the first space greater than ">" or less than "<" when exact HIV RNA determination is not obtained, e.g., <000200, >750000, otherwise enter "0".

9. HIV viral load:

___ ___ ___ ___ ___ ___ ___
>/</0   copies/mL

C. Administrative information

10. Date form reviewed:

___ ___ - ___ ___ - ___ ___
day   month   year

11. Clinic coordinator ID: ___ ___

12. Clinic coordinator signature:

_____