ጤና ሚኒስቴር – ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA

የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

HIV Rapid Testing Logbook

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HIV Rapid Testing Logbook

Region:_____ Zone/Sub City:_____ Woreda:_____ Start Date : ____/___/___   End Date : ____/___/___

Health Facility Name: _____ Testing Point Name: _____ Logbook Number:_____

Instructions for HIV Rapid Testing Logbook

Location information to be completed at front page of the Logbook

Region:	Write the region where the HTS log book is located
Zone/Sub City	Write the Zone /Sub city where the HF is located
Woreda:	Write the Woreda where the HF is located
Start Date	Enter the date of the first entry in the logbook, written as (EC) Day /Month/Year(DD/MM/YY)
End Date	Enter the date of the last entry in the logbook, written as (EC) Day /Month/Year(DD/MM/YY)
Health Facility Name	Write the name of the HF
Testing Point Name:	Write the Service Delivery Point (SDP) where the testing is performed (E.g.: VCT, OPD, IPD, Emergency, ART,ANC,L&D….etc.)
Logbook Number	Write the Logbook Number as 1,2,3….

Introduction and Background

This logbook is being tested as a tool to streamline the work process. Appropriate and consistent use of this logbook make testers' workload lighter and more efficient. Additionally, this log book is critical to improve the quality of data recorded during HIV testing.

For example, never use "white-out" if a mistake is made. Instead, put a single line through the mistake and initialize and date for Quality Assurance purposes. For example, ~~this is a mistake and should be crossed out~~.

Everyone makes mistakes. Knowing where mistakes occur most often will help improve systems. PAGE TOTALS at the bottom of each page will be used to evaluate the performance of individual kits. Please try to be consistent and use the same test kit repeatedly for Test-1, Test-2, and Test-3. When the same kit cannot be used, please **START A NEW PAGE** so that PAGE TOTALS are restricted to one test kit. Please use black or blue ink. Please do not record data with a pencil. Guidelines are provided below for each of the data fields (columns) in the logbook. The guidelines for interpretation of results are representative of most kits, but please be aware of differences in kits and follow manufacturer guidelines completely.   Start a *new page at the beginning of each month*.

Columns in the Logbook

Column No.	Data Element	Description
1	**Serial Number**	Write consecutive numbers in each row. Each row is associated with one patient/client. Some patients/clients might have data recorded in more than one row. For example, if one of the tests is invalid (INV) and repeat testing needs to be performed. In this case, a note is made in the Remark column and results of the repeat test are recorded on a subsequent row – ideally the very next row Sequential.
2	**Medical Record Number (MRN)/Client Code.**	Write Unique individual identifier **/** Medical Record Number used on medical information folder, for HC and Hospital **.** Write **client code** in case of VCT. Most sites have intake registration forms with specific medical record number that contain patient information. If possible, please avoid writing patient names on this Rapid Test logbook for confidentiality reasons.
3	**Couple code**	Write unique couple code for those clients who came as a couple
4	**Counselor Code**	Write unique code for counselor
5	**Age**	Write age of the client /patient in years; Specify if not in **Years.**
6	**Sex**	Circle **'M'** for Male and **'F'** for Female.
7	**Requesting Unit**	Write code of the Unit where the test is conducted as A. VCT B. TB C. STI D. OPD E. IPD F. PMTCT G. Emergency H. Other Specify
8	**Reason for Testing**	Write code for the reason of HIV testing as I=Initial , R= Retest for ongoing risk , V=Validation when discordant happen A= retest for confirmation before ART initiation , S= Confirmation for reactive **HIV Self Test result**
9	**Date Tested (DD/MM/YY)**	Write the date (day/month/year) when test was performed as : **DD/MM/YY**
10	**HIVTest-1***	Write the kit name, lot number, and expiration date in the space provided at top of column. When the same kit cannot be used, please start a new page so that PAGE TOTALS are restricted to one test kit. Keeping track of this information is critical for Quality Assurance. **Test-1 Results** Record results of the FIRST test performed in this section – according to individual kit instructions. • For **NON-REACTIVE** result, circle **NR**. No SECOND test is needed. Proceed to section on **Final Results** and circle **NEG**. • For **REACTIVE** result, circle **R**. For all reactive FIRST tests, a *different* SECOND test must be done immediately (those results are recorded in the Test-2 section). • For **INVALID** result, circle **INV.** The test is invalid if there is no line in the control window – even if there is a line in the patient/test window. If this happens, record this result (circle **INV**) and repeat using the *same* test.
11	**HIVTest-2***	Write the **kit name**, lot **number**, and **Expiry date** in the space provided at top of the column. When the same kit cannot be used, please start a new page so that PAGE TOTALS are restricted to one test kit. Keeping track of this information is critical for Quality Assurance. **Test-2 Results** Record results of the SECOND test performed according to the test-2 kit instructions. • For **NON-REACTIVE** result, circle **NR**. • For **REACTIVE** result, circle **R**. For **INVALID** result , circle **INV.**
12	**Parallel Repeat Test results**	**Is a Repeat test needed? If results of the FIRST and SECOND test different (i.e., the FIRST is REACTIVE and the SECOND is NON-REACTIVE), both tests (FIRST and SECOND) must be parallely repeated. **Parallel Test-1 Result** • For NON-REACTIVE result, Circle NR. • For REACTIVE result, Circle R. • For INVALID result Circle INV **Parallel Test-2 Result** • For NON-REACTIVE result, Circle NR. • For REACTIVE result, Circle R. **For INVALID result,** Circle **INV**

13	HIV Test-3*	Write the **kit name**, lot **number**, and **Expiry date** in the space provided at top of the column . When the same kit cannot be used, please start a new page so that PAGE TOTALS are restricted to one test kit. Keeping track of this information is critical for Quality Assurance.
		Test-2 Results
		Record results of the SECOND test performed according to the test-2 kit instructions.
		  • For **NON-REACTIVE** result, circle **NR**.
		  • For **REACTIVE** result, circle **R**.
		
		For **INVALID** result, circle **INV.**

14	Final Result*	Interpret and Circle NEG/POS/IND in the **Final Results** column as per the New –HIV Testing Algorithm. Refer the following table for interpreting Final Results:

(Table in row 14)

SERIAL Scenario	Test-1	Test-2	Repeat Parallelly		Test-3	Final Results
			Test-1	Test-2		
1	NR	Not Needed	Not Needed	Not Needed	Not Needed	NEG
2	R	NR	R	NR	Not Needed	NEG
3	R	NR	NR	NR	Not Needed	NEG
4	R	R	Not Needed	Not Needed	R	POS
5	R	R	Not Needed	Not Needed	NR	IND

Note: Always follow the national HIV rapid testing algorithm.
  ***In parallel testing ,even though it is rare, If you get Test 1 - NR; Test 2 - R after repeated Test 1 and Test 2; Repeat Test 1 and report the final result if negative, if positive on Test 1 follow the algorithm again.**

15	Referred to*	Write the code where the client is referred to **from the list at the bottom of the page** e.g. if the client/patient is referred to ART unit, write "A" in the column , write "B" if referred to laboratory if initial and retest is discordant.
		Referred to:
		  A – ART **C - Nearby facility/lab**
		  B – Laboratory (initial and retest is discordant) **D - Others (Specify)**

16	Target Population Group*	**A-** FSW **C-**Prisoners **E-** OVC **G -** Children of PLHIV **I-** General population **B-**Long distance truck drivers **D-**Mobile Worker/Daily laborer **F-** Partner of PLHIV **H -** Other MARPS (Widowed ,Divorced ,Separated ,Re-Married)
17	Tester Initials	**Write Tester Initial name performing this test. (Eg : Abebe Kebede as AK)**
18	Remark	Use this section for recording additional information. Write a code as described at the bottom of the table. A - For kit expired and opened new kit B - IND specimen sent to reference lab C - Asked patient to return in **14** days

MONTHLY SUMMARIES

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

Specify Month and Year _____
TOTAL POSITIVE _____   MALE _____   FEMALE _____
TOTAL NEGATIVE _____   MALE _____   FEMALE _____
TOTAL INDETERMINATE _____   MALE _____   FEMALE _____

HIV Rapid Testing Logbook

MINISTRY OF HEALTH-ETHIOPIA

Serial No.	MRN/Client Code	Couple Code	Counselor Code	Age (Specify if not in years)	Sex	Requesting Unit (write code)	Reason for Testing (write code)	Date Tested (dd/mm/yy)	HIV Test-1* Kit Name ___ Lot No. ___ Expiration Date __/__/__	HIV Test-2* Kit Name ___ Lot No. ___ Expiration Date __/__/__	Parallel Repeat Test Results Test-1	Parallel Repeat Test Results Test-2	HIV Test-3* Kit Name ___ Lot No. ___ Expiration Date __/__/__	Final Result**	Referred to (write code)	Target population Category* (write code)	Tester Initials	Remark
1	2	3	4	5	6	7	8	9	10	11	12		13	14	15	16	17	18
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				
					M F			/ /	NR R INV	NR R INV	NR R INV	NR R INV	NR R INV	NEG POS IND				

PAGE Totals

Total non-reactive/negative						
Total Reactive/positive						
Total Invalid*						
Total Indeterminate**						
Total Tests						

REFERD TO

A - ART
B - Laboratory
C - Nearby Facility/lab

REQUESTING UNIT

A – VCT
B – TB
C – STI
D – OPD
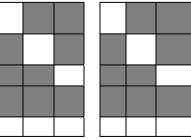E – IPD
F – PMTCT
G – Emergency
H- Other - Specify

REASONS FOR TSTING

I - Initial Testing
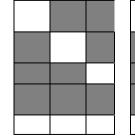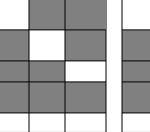R - Retesting for ongoing risk
A - confirmation before ART initiation
V - Verification when discordant happen
S-confirmation for reactive HIV Self-Test result

TARGET POPULATN GROUP*

A-FSW
B-Long distance truck drivers
C-Prisoners
D-Mobile Worker/Daily laborer
E- OVC
F-Partner of PLHIV
G-Children of PLHIV
H -Other MARPS (Widowed, Divorced, Separated , Re-Married)
I.- General Population

REMARK

A – Kit expired and opened new kit
B – IND specimen sent to reference lab
C – Asked patient to return in 14 .

Note: The term Inconclusive(INC) and Indeterminate (IND) can be used interchangeably.
* Test is considered invalid (INV) if control line does not develop, irrespective of presence or absence of client line. If invalid, please record and repeat using the same test on a new row.
** Final interpretation is considered indeterminate (IND) or inconclusive (INC) if Test-1 and Test-2 results are the same i.e. both are Reactive and a 3rd Test result is non-reactive

Supervisor Signature and Date _____