## **FastTrack ENROLLMENT REGISTER**

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| **Clinic Name:** | |  | | | | | | | | | | |
| **Enrollment**  **Number** | **ART ID** | | **First Name** | **Surname** | **Sex (M/F)** | **DOB**  **(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined FastTrack**  **(DD/MM/YY)** | **Date of First FastTrack appointment**  **(DD/MM/YY)** | **Scheduled clinic visit 1**  **(DD/MM/YY)** | **Scheduled clinic visit 2**  **(DD/MM/YY)** |
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## **FastTrack VISIT ATTENDANCE REGISTER**

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| **Clinic Name:** |  | | | | | | | | | | | | |
| **Date of FastTrack Visit**  **(DD/MM/YY)** | **ART ID** | **First Name** | **Surname** | **Pregnant (Y/N)** | **Feels ill?**  **(Y/N)** | ***IF PATIENT FEELS ILL, have they experienced any of the following in the last two weeks?*** | | | | | | **Date of NEXT FastTrack Visit (DD/MM/YY)** | **Referred to clinic (Y/N)** |
| **Fever (Y/N)** | **Night**  **sweats (Y/N)** | **Weight loss (Y/N)** | **Cough (Y/N)** | **Severe headache**  **(Y/N)** | **Other (describe)** |
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## **Dried Blood Spot (DBS) Viral Load Log Book**

**Dried Blood Spot (DBS) Viral Load Log Book**

**Clinic Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date of Specimen Collection**  **(DD/MM/YY)** | **Time of Specimen Collection**  **(HH:MM)** | **ART ID** | **Patient First Name** | **Patient Surname** |
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