## **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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