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HIV DRUG RESISTANCE TESTING – APPLICATION FORM

Important: Keep the patient on the current ART regimen until expert committee advice is received. It will be at least partially effective. Resistance testing can only be done while on ART!

Patient and facility details

1 Patient name	First					Last	
2 Birthdate, sex	Birth date	Age (if date unknown)	M	FNP	FP	FBf	Pregnancy due date
3 Patient ID	National patient ID		ART clinic registration no.				
4 ART facility, Date			Date form filled				
5 ART clinician name	First		Last				
6	Email		Phone				

Clinical status and history

Details and dates

7 WHO stage 3/4 event	Y	N				
8 Diarrhoea, vomiting	Y	N				
9 Periph. neuropathy	Y	N				
10 Psychosis	Y	N				
11 Jaundice	Y	N				
12 Kidney failure	Y	N				
13 Anaemia	Y	N				
14 Alcohol or drug use	Y	N				
15 Excess. weight gain	Y	N				
16 Other: NCDs, etc.	Y	N				
17 Weight, height, BMI	Weight kg	Height cm	BMI kg/m ²	MUAC cm		

Recent labs

	Result	Sample date		Result	Sample date
18 Hb			CD4		
19 Creatinine			Urine LAM		
20 ALT			Serum CrAg		
21 Bilirubin			Hep B		

VL monitoring and genotyping history

	Sample collection date	VL / genotyping result	Suspected reason for result?
22			
23			
24			
25			
26			
27			
28			

ART history Complete regimen and formulation history, incl. infant prophylaxis, mono- or dual therapy. Start with ART initiation, finish with current regimen.

	Regimen formulation, dosage	Start date	Stop date	Reason for change
29				
30				
31				
32				
33				
34				
35				

TB treatment history

	TB regimen and dose	Start date	Stop date	ART regimen and dose
36				
37				
38				

Other drug history List any other drugs taken in the last 12 months. Include traditional and over-the-counter meds.

39	
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ART interruptions of more than 1 week

Date (approx.)	Duration not on ART	Reason
40		
41		
42		
43		

Adherence at the last 3 clinic visits

Scheduled visit date	Actual visit date	Doses missed	Adherence challenges
44			
45			
46			

Adherence questions

47	Last month/week how many <u>days</u> did you not take your <u>full</u> ART dose?	Last month	Last week		
48	Intensive adherence support sessions	Total sessions	Last Date		
49	Outcome				
50	Children / adolescents under 19 years:	HIV disclosure	None	Partial	Full
51		Able to swallow tabs?*	Y	N	

For use by expert committee

52	Date application received	
53	Assigned to expert	1 2 3
54	Integrase inhibitor resistance tested needed	Y N

* Able to swallow whole tablets; not crushed, chewed or dissolved. Confirm by watching the child swallow a tablet of CPT 120mg in the clinic