

HIV SELF-TESTING

CLIENT MANAGEMENT SITE

















CLIENT MANAGEMENT SITE

Name of the site:										District:						
Addre	ess					1										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
				1	1		1	Client	details	1		1	-	1	-	
S.No	Site Name	Site ID	Date of visit to the site	Walk in or Pre-ordered	Order ID	Date of Order	Vcounsellor Name	Client ID	Name	Mobile number of client	Age	Gender	Typology	Risk Assessment taken	Outreach Me	
		(Please mention the ID provided by Central office)		Walk-in=1 Pre-Ordered=2	(Please get it from the Client received message)	(Please get it from the Client received message)		Completed in years	Male-1, Female-2, TG-3	MSM-1, FSW- 2, PWID-3, Transman-4, Tanswoman-5, HRI-6	1- High, 2- Medium, Low-3, None-4, HIV_POS-5, Unknown-6	WA-1, Grindr- 3, Blued-4, FE Hotspot mapp Social netwo Other-8_Spa				

			PuP_POC Name:							POC contact number:							Year:		
	16		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
			Kit distribution a			ind testing details		Scree	Screened Negative clients			Screened positive clients			5				
nt	Outreach Method		Outreach method	Kit ID	Tested at Site or take away	Demonstration provided onsite (yes/no)	HIVST test result (if test done on site)	if the client is screened negative, please mention whether referred to PrEP	If referred, whether the client linked to yes4me/ Safe Zindagi for PrEP	PrEP booking ID	If client screened positive, supported for linkage with ICTC for confirmation test	Confromatory tested date	Confromatatory test result (ICTC)	Supported for ART Initiation	ART initiation date	ART initiation number	Name of ART center		
1, 2-4, 5, 6	WA-1, Grindr-2, PR- 3, Blued-4, FB/IG-5, Hotspot mapping-6, Social network-7, Other-8_Specify		If Others-8, Specify here	Please write the ID as mentioned in the KIT	Tested at site- Own=1; Tested at site- Assisted=2; Take away=3	Yes=1 No=2	Positive=1 Negative=2 Indeterminate=3	Yes=1 No=2	Yes=1 No=2		Yes=1 No=2		Positive=1 Negative=2 Indeterminate=3	Yes=1 No=2					
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