

Add Infant HIV Testing and Results CRF

Please correct the error below.

**INSTRUCTIONS:**

Please complete the form below. Required questions are in bold. When all required questions are complete click **SAVE** or, if available, **SAVE NEXT**. Based on your responses, additional questions may be required or some answers may need to be corrected.

1. Child visit:

B142-040990699-6-10 2001.0

▼



2. Report Date:

Date: 

2024-02-29

Today |

Time: 

10:25:22

Now |

If reporting today, use today's date/time, otherwise use the date/time this information was reported.

3. Has your child been tested for HIV since the last study visit?

- ☒ Yes
- ☐ No
- ☐ Do not know

Do not include the HIV test completed at the FLOURISH visit

4. Were any of the following HIV tests been performed since the last visit :

Available Were any of the following HIV tests been performed since the last visit

Filter

18-months

6 to 8 weeks

9-months

Other, specify

Choose all

Chosen Were any of the following HIV tests been performed since the last visit

Birth

Three months after cessation of breastfeeding

Remove all

Hold down "Control", or "Command" on a Mac, to select more than one.

5. If Other, specify ...

6. Was there a reason your child was not tested for HIV? :

Available Was there a reason your child was not tested for HIV?

Filter

Did not have transport fare to clinic visit

I did not think further testing was needed because I formula fed from birth and my child had a negative test at

I did not think further testing was needed because my child had a negative test at birth and they have been he

I did not think my child was due for further testing until 18 months

Missed clinic visit due to testing constraints

Choose all

Chosen Was there a reason your child was not tested for HIV?

Remove all

Hold down "Control", or "Command" on a Mac, to select more than one.

7. If "Other", please specify:

This field is required.

8. Do you prefer to go to the local clinic or to come to the FLOURISH CLINIC for testing your child?

- ☐ None
- ☐ Local Clinic
- ☐ FLOURISH Clinic

- ☐ I do not wish to have my infant tested at this time
- ☒ Not Applicable, because under Botswana Guidelines, not currently due for testing
- ☐ Other

Not application would be selected if the child is not due for testing

9. If Other, specify ...

10. Additional comments:

Audit (Show)

SAVE

Cancel

Save and next