| REQUEST FOR                 | <u>THIRD LINI</u> | <u>E ANT</u> | TRETROVIRAL THERAPY |
|-----------------------------|-------------------|--------------|---------------------|
|                             | PATIE             | NT DETA      | AILS                |
| Patient First Name          |                   |              |                     |
| Patient Surname             |                   |              |                     |
| Identity number             |                   | Pat          | atient number       |
| Date of Birth               | Day/month/ye      | ear          | <u>'</u>            |
| Age                         |                   |              |                     |
| Weight                      |                   |              | Height (children)   |
| Gender                      | M/F               |              |                     |
|                             | FACILI            | ITY DETA     | AILS                |
| Facility Name               |                   |              |                     |
| Authorised Prescriber       |                   |              |                     |
| Contact Number              |                   |              |                     |
| Email Address               |                   |              |                     |
| Date                        |                   |              |                     |
| Signature of Authorised Pre | scriber           |              |                     |
| Date on which ART was initi | ally started      |              |                     |
| Past medication history:    |                   |              |                     |
|                             |                   |              |                     |

|              |                       |           |               |        |        |                      | Discontinuation  |            |  |
|--------------|-----------------------|-----------|---------------|--------|--------|----------------------|------------------|------------|--|
| Medication   | ledication Dose Route | Interval  | Duration      |        |        | <b>Date</b><br>mm/yy | Reason           |            |  |
|              |                       | 24 hourly | < 6 Mo        | 1-5 y  | > 5y   | 1                    |                  |            |  |
|              |                       |           | 24 hourly     | < 6 Mo | 1-5 y  | > 5y                 | 1                |            |  |
|              |                       |           | 24 hourly     | < 6 Mo | 1-5 y  | > 5y                 | 1                |            |  |
|              |                       |           | 24 hourly     | < 6 Mo | 1-5 y  | > 5y                 | I                |            |  |
|              |                       |           | 24 hourly     | < 6 Mo | 1-5 y  | > 5y                 | 1                |            |  |
| December die |                       |           | - OF Oids - f | 64 AI  | A.II F |                      | ary change, NC = | Nan allana |  |

Side effect, AL = Allergy, FC

| C  | D 4 count                  | Viral load         |
|--|----------------------------|--------------------|
|  | Children                   |                    |
| Last 3 CD 4<br>counts results:                           | CD4%                       | Last 3 VL results: |
| Date:  | Date:                      | Date:              |
| Date:  | Date:                      | Date:              |
| Date:  | Date:                      | Date:              |
| Most recent available<br>ALT<br>CrCl<br>Neutrophil count | e tests:                   |                    |
| Concomitant medica                                       | tion and indication        |                    |
| Children: Is child abl                                   | e to swallow a tablet? y/r | 1                  |
| For office use only:                                     |                            |                    |
| Data as a sissa da                                       |                            |                    |
| Date received:   |                            |                    |

Children: PMTCT history