

Service area	In use (yes/no)	Available stock	Comments
HIV/ART Care			
HIV care enrollment form			
Enrollment register			
Adult initial evaluation form			
National pediatric initial evaluation form			
Nurse refill clinic recruitment/referral form			
Nurse refill clinic register			
National HIV care card			
National laboratory order/result form			
National adult pharmacy order form			
National pediatric pharmacy order form			
National transfer form			
National pre-ART register			
National ART registers			
National PEP register			
Daily attendance register			
Transfer register			
Death register			
Counseling register			
Patient tracking register			
Home base care register			
PABA register			
ART monthly summary form			
Cohort analysis report workbook			
PREVENTION			
Prevention register			
LABORATORY REGISTERS			
Sample master log register			
Result master log register			
Sample rejection log register			
Equipment maintenance register			
Chemistry QC register			
Hematology register			
Blood donor register			
Cross-matching log book			
Lab incident log			
Temperature corrective log			



Blood bank temperature log		
Room temperature log		
Refrigerator temperature log		
Freezer temperature log		

Name of Facility:	Name of Auditor:	Review Month:					Date of Abstraction:				
Enrollment Number										TOTAL	
Age											
Gender											
Date of last clin	ic visit										
Queries		Enter 1 if done, 0 if not done									
1. Organization of charts											
Are all the forms in the chart boun	nded together?										
2. Initial evaluation filled out c	ompletely?										
Only for new patients											
3. Is the ART adherence prepar	ration form completed										
and documented before com	mencement of ART?										
4. Is the front page of the care /	ART card filled										
appropriately?											
Check to ensure that the demograp	phic sections are										
completely and properly filled.											
5. Was the center page of the ca	re /ART card filled										
completely at the last visit?											
Check to ensure that all columns in	n the middle of the care										
card are completely and properly f	filled for the last visit.										
6. Is the back of the care card ((adherence section)										
filled for this visit?											
Look at the back of the ART card	review entries and										
ensure that activity was completed	l for this visit.										



7. Are the lab results available and updated for this						
visit?						
There should be a CD4 and Creatinine results every six						
months.						
8. Is the pharmacy form completed for the last visit?						
TOTAL						