

Name of Clinic / CHC: _____

Year reviewed: _____

Quarter 1: April - June

Week N ^o	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Week N ^o	Date	Number of high Viral Loads	Actions taken/ Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Name of Clinic / CHC: _____

Year reviewed: _____

Quarter 2: July - September

Week N ^o	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Week N ^o	Date	Number of high Viral Loads	Actions taken/ Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Name of Clinic / CHC: _____

Year reviewed: _____

Quarter 3: October – December

Week N ^o	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Week N ^o	Date	Number of high Viral Loads	Actions taken/ Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Name of Clinic / CHC: _____

Year reviewed: _____

Quarter 4: January – March

Week N ^o	Date	Number of positive PCR results	PCR report completed and sent to PMTCT coordinator (Y/N)	Actions taken/ Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Week N ^o	Date	Number of high Viral Loads	Actions taken/ Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			