OPD Blood Testing Register

S. No	Date DD/MM/YYYY	OPD/M, OPD/F Number	Name	Postal address and E -mail address	Telephone Number	Sex (M/F)	Age (Years)
Total number of newly registe							

Reason for attendance	Name of the Blood test (Indicate testing status and results in each column)				Insert a √ mark for relevant columns for the patient. This will be helpful for the counting purpose.												
1. Contact of patient (write the slip number) 2. Voluntary 3. Referral for Medico-legal purposes 4. Others	VDRL	TPHA	HIV	HCV	Age < 15 years	Age 15-24 years	Age 25-49 yeard	Age 50 or over	NGO escorted	Sex worker	MSM	DU	IDU	Beach boy	Prisoner	HIV tested	Received HIV results
red (first Time) patients - (Page Total)																	

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