**FORMULAR PER HIV – RNA /**

***HIV – RNA FORM***

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| --- | --- | --- |
|  | What is required | Data from patient |
| 1 | Emer, /  *Name* |  |
| 2 | Mbiemer /  *Surname* |  |
| 3 | Seksi /  *Gender* |  |
| 4 | Datelindja /  *Birthday* |  |
| 5 | Data e marjes se gjakut/  *Collection date* |  |
| 6 | Mostra e analizuar /  *Specimen* |  |
| GRUPI KARAKTERIZUES / *CHARACTERIZING GROUP* | | |
| 8 | Homoseksual / Biseksual  *Homosexual/Bisexual* | * Po / *Yes* * Jo / *No* |
| 9 | Heteroseksual/*Heterosexual* | * Po / *Yes* * Jo / *No* |
| 10 | Transfuzuar me gjak ose produkte te tij / *Transfused with blood or its products* | * Po / *Yes* * Jo / *No* |
| 11 | Donator gjaku /  *Blood Donator* | * Po / *Yes* * Jo / *No* |
| 12 | Origjina /  *Origin* | * Afrika / *Africa* * Amerika e Jugut / *South America* * Amerika e Veriut / *North America* * Azia / *Asia* * Europa / *Europe* |
| 13 | Perdorues I narkotikeve endovenoz /  *User of intravenous narcotics* | * Po / *Yes* * Jo / *No* |
| 14 | Partneri ose partnerja /  *Partners* | * Anti HIV positive * Anti HIV negative * Nuk e di / *I don’t know* |
| 15 | Hemolize /  *Hemolisis* | * Po / *Yes* * Jo / *No* |
| 16 | Ekspozim profesional /  *Professional exposure* | * Po / *Yes* * Jo / *No* |
| 17 | Eshte bere here tjeter kjo analize / *This test has been done before?* | * Po / *Yes* * Jo / *No*   Nese po sa ka qene ngarkesa virale HIV – 1/  **If yes, how was viral load ?** |
| 18 | Terapi antiretrovirale /  *Antiretroviral Therapy* | * Po / *Yes* * Jo / *No* |
| 19 | Shenime /  *Notes* |  |