**FORMULAR PER HIV – RNA /**

 ***HIV – RNA FORM***

|  |  |  |
| --- | --- | --- |
|  |  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* |  |