Republic of the Philippines
**DEPARTMENT OF HEALTH**
*Office of the Secretary*

BAGONG PILIPINAS

**ADMINISTRATIVE ORDER**
No. 2022 - 0024-A

NOV 0 5 2025

**SUBJECT:** **Amendment to the Administrative Order No. 2022-0024 dated June 30, 2022 titled, "Guidelines on Differentiated Treatment for People Living with Human Immunodeficiency Virus (PLHIV) and Prophylaxis for HIV-Exposed Infants"**

The Department of Health (DOH) Administrative Order (AO) No. 2022-0024 dated June 30, 2022 titled, "Guidelines on Differentiated Treatment for People Living with Human Immunodeficiency Virus (PLHIV) and Prophylaxis for HIV-Exposed Infants" was issued to provide updated and evidence-based standards and guidance on initiating and monitoring antiretroviral therapy (ART) among adults, children, and infants infected with HIV and antiretroviral (ARV) prophylaxis for infants exposed to HIV in the Philippines.

The guidelines recommended the use of Dolutegravir (DTG) as the preferred first-line ART regimen due to rapid viral suppression, low toxicity, fewer drug interactions, and a high genetic barrier to developing HIV drug resistance. This amendment incorporates newer evidence-based treatment regimens and an updated definition of viral load suppression based on global and national standards.

These evidence-based standards of care are also espoused by the latest version of the Omnibus Health Guidelines (OHG) for Children, Adolescents, Adults, and Elderly, which are accessible at https://doh.gov.ph/dpcb/omnibus-health-guidelines.

Relative thereto, the following sections of AO 2022-0024 are hereby amended:

| From | To |
|---|---|
| **IV. DEFINITION OF TERMS**<br><br>**N. Viral suppression** - refers to an undetectable viral load of equal to or less than 50 RNA copies/ml. | **IV. DEFINITION OF TERMS**<br><br>**N. Viral suppression** - refers to detected viral load but less than or equal to 1000 RNA copies/ml.<br><br>**ADDITIONAL DEFINITION OF TERMS**<br><br>**O. Undetectable -** A viral load below 200 copies/ml, at which HIV cannot be transmitted to sexual partners; ***Undetectable*** = |

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| | ***Untransmittable (U=U)*** principle affirms zero risk of transmission when an undetectable viral load is maintained.<br><br>**P. Routine viral load monitoring** - refers to viral load testing for early detection of virological failure<br><br>**Q. Targeted viral load monitoring** - refers viral load testing to confirm suspected clinical or immunological failure<br><br>**R. Enhanced Adherence Counseling** - refers to a structured and tailored intervention designed to support PLHIV who experience challenges in maintaining optimal adherence to ART, addressing barriers, such as but not limited to psychosocial, behavioral, and structural challenges.<br><br>**S. Low-throughput** - refers to automated systems designed to process a limited number of tests or samples per hour.<br><br>**T. High-throughput** - refers to automated systems designed to perform a large number of tests or analyses simultaneously, significantly increasing the efficiency and speed of laboratory processes.<br><br>**U. Eligible for Viral Load** - refers to PLHIV at least 180 days (6 months) on ART, including virally suppressed (annually), and/or those unsuppressed after 6 months following early enhanced adherence counselling (EAC).<br><br>**V. VL Naive** - refers to PLHIV on ART who is eligible for VL but has never had VL testing.<br><br>**W. Tested for Viral Load** - refers to the number of PLHIV on treatment who have been tested at least once in the past 12 months. |

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| | *Due to the different testing systems and sample types used. See ANNEX H and I for further guidance. |
| **V. GENERAL GUIDELINES**<br><br>A. Antiretroviral therapy (ART) shall be initiated within the same day upon recognition of HIV infection, whenever possible, regardless of clinical and immunologic status.<br><br>B. Early initiation of ART in patients with opportunistic infection (OI) reduces risk of mortality. However, ART initiation should be delayed in patients being treated for Tuberculosis (TB) meningitis, cryptococcal meningitis, and cytomegalovirus (CMV) retinitis to prevent immune reconstitution inflammatory syndrome (IRIS). | **V. GENERAL GUIDELINES**<br><br>A. Antiretroviral therapy (ART) shall be initiated within the same day upon recognition of HIV infection, whenever possible, regardless of clinical and immunologic status, **EXCEPT in the presence of opportunistic infections requiring delay in treatment initiation to prevent Immune Reconstitution Inflammatory Syndrome (IRIS), such as TB meningitis, cryptococcal meningitis, and CMV retinitis.**<br>a. **The rHIVda confirmatory testing should not delay ART initiation EXCEPT for screening tests yielding false positive results (e.g., pregnant women).**<br>b. **Rapid initiation of ART is defined as initiation within seven (7) days from the day of recognition of HIV infection.**<br><br>B. DELETED |
| **VI. SPECIFIC GUIDELINES**<br>C. Treatment initiation for PLHIV shall be based on the following preferred and alternative first-line regimen: (Please see Annex A: Antiretroviral Drugs and Doses, | C. Treatment initiation for PLHIV shall be based on the following preferred and alternative first-line regimen: (Please see Annex A: Antiretroviral Drugs and Doses, |

| | |
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| Instructions on Administration, and major types of toxicities.):<br><br>1. Newly diagnosed or treatment-naive adults, adolescents, children, and infants aged 4 weeks and/or >3 kg shall be initiated on Dolutegravir-containing regimens with optimal formulation as the preferred first-line regimen.<br>a. Tenofovir (TDF) + Lamivudine (3TC) + Dolutegravir (DTG) is the preferred first line regimen for adults, adolescents, and children weighing more than 30 kg.<br><br>i. DTG can be prescribed for adult women and adolescent girls of childbearing age or potential who wish to become pregnant or who are not otherwise using or accessing consistent and effective contraception if they have been fully informed of the potential increase in the risk of neural tube defects (at conception and until the end of the first trimester). If a woman was identified as pregnant only after the first trimester, DTG shall be initiated or continued for the duration of the pregnancy. | Instructions on Administration, and major types of toxicities.):<br><br>1. Newly diagnosed or treatment-naive adults, adolescents, children, and infants aged four (4) weeks and/or > three (3) kg shall be initiated on Dolutegravir-containing regimens with optimal formulation as the preferred first-line regimen.<br>a. Tenofovir (TDF) / **Tenofovir Alafenamide (TAF)** + Lamivudine (3TC) + Dolutegravir (DTG) is the preferred first-line regimen for adults, adolescents, and children weighing more than 30kg.<br>i. DTG can be prescribed for adult women and adolescent girls of childbearing age or potential who wish to become pregnant or who are not otherwise using or accessing consistent and effective contraception. **If a woman is identified as pregnant only after the first trimester, DTG should be initiated or continued for the duration of the pregnancy.** |
| **VI. SPECIFIC GUIDELINES**<br>b. An alternative first-line regimen of TDF + 3TC + Efavirenz (EFV) shall be | **VI. SPECIFIC GUIDELINES**<br>C.1<br>b. An alternative first-line regimen of TDF + 3TC (or |

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| offered as an option for patients who are taking Rifampicin or women and adolescent girls who are pregnant or of childbearing potential who prefer EFV over DTG after appropriate counseling | FTC) + Efavirenz (EFV) shall be offered if DTG is unavailable for supplementation.<br>**c. Another alternative regimen of TAF+FTC+DTG can be offered upon availability.** |
| **VI. SPECIFIC GUIDELINES**<br>6. Switching of ART regimen, when there are signs of adverse drug effects, shall not be delayed as this may cause harm and may affect adherence, leading to drug resistance and treatment failure.<br><br>a. Switch Tenofovir to Abacavir when estimated creatinine clearance is less than 60 ml/minute. (See Annex E: Cockcroft-Gault (CG) Formula or https://qxmd.com/calculate/calculator_51/crcl-cockroft-gault for the online calculator.)<br>b. Switch Efavirenz to Dolutegravir if patients develop adverse reactions.<br>c. Patients who refused dolutegravir may be offered Rilpivirine if with known CD4 T-cell count greater than 200 cells/mm3 and not taking Rifampicin.<br>d. Switch Zidovudine to Tenofovir or Abacavir for patients who developed anemia.<br>e. Switch Lopinavir/ritonavir to Dolutegravir if patients develop adverse reactions.<br><br>7. Patients who are failing on the first-line regimen shall be shifted to the second line regimen.<br><br>a. Adults, adolescents, children, and infants aged 4 weeks and/or >3 kg who are failing on the first-line regimen shall be shifted to the following preferred second-line regimen: | **VI. SPECIFIC GUIDELINES**<br>6. Switching of ART regimen, when there are signs of adverse drug effects, shall not be delayed, as this may cause harm and may affect adherence, leading to drug resistance and treatment failure.<br><br>**f. Consider the use of dual ART Lamivudine + Dolutegravir (3TC+DTG) if virally suppressed at three (3) to six (6) months, and no evidence of drug resistance, and no Hepatitis B co-infection in patients with renal impairment.**<br><br>7. Patients who are failing on the first-line regimen shall be shifted to the second line regimen.<br><br>a. Adults, adolescents, children, and infants aged 4 weeks and/or >3 kg who are failing on the first-line regimen shall be shifted to the following preferred second-line regimen: |

| | |
|---|---|
| i. From NRTI: TDF or ABC + 3TC to NRTI: AZT + 3TC<br>ii. From NRTI: AZT + 3TC to NRTI: TDF or ABC + 3TC<br>iii. From 2 NRTI+ DTG to 2 NRTI+ LPV/r<br>iv. From 2 NRTI + NNRTI or PI to 2 NRTI + DTG (using optimal formulations) | i. From NRTI: TDF or ABC + 3TC to NRTI: AZT + 3TC<br>ii. From NRTI: AZT + 3TC to NRTI: TDF or ABC + 3TC<br>iii. From 2 NRTI+ DTG to 2 NRTI+ LPV/r **or DRV/r**<br>iv. From 2 NRTI + NNRTI or PI to 2 NRTI + DTG (using optimal formulations) |
| **VI. SPECIFIC GUIDELINES**<br>5.d. Viral load test shall be interpreted as follows: *(Please see diagram in Annex D: Interpretation of VL Test result.)*<br>i. PLHIV with VL = 1,000 copies/mL shall be tested for HIV drug resistance (HIVDR) and shifted to a second-line regimen<br>ii. PLHIV with VL < 50 copies/mL shall be retested routinely as scheduled<br>iii. PLHIV with VL >50 to <1000 copies/mL shall be provided with enhanced adherence counseling and VL testing shall be repeated after 3 months | **VI. SPECIFIC GUIDELINES**<br>5.d. Viral load test shall be interpreted as follows: *(Please see diagram in Annex D: Interpretation of VL Test result.)*<br>i. **Undetectable** - defined as a viral load of below 200copies/mL.* Maintain ARV regimen.<br>ii. **Suppressed** - defined as viral load detected but ≤1000 copies/ml. Maintain ARV regimen but continue enhanced adherence counseling and repeat viral load testing after 3 months for unstable clients and 12 months for stable clients to monitor the level of viremia.<br>iii. **Unsuppressed** - is a detectable viral load >1000 RNA copies/ml. Evaluate adherence to the ART regimen. Conduct and document enhanced adherence counselling, and a repeat HIV VL test shall be performed after 3-6 months. If persistently virally unsuppressed after repeat testing, switch to second-line ARV therapy. |
| **ANNEX G. (Numerator and Denominator)**<br>**Viral suppression**<br>N: Number of People Living with HIV (PLHIV) on ART who have suppressed viral load (VL <50 copies/ml) 12 mos after ART initiation.<br>D: Total number of PLHIV tested for viral load 12 mos after ART initiation | **ANNEX G. (Numerator and Denominator)**<br>**Viral suppression**<br>N: Number of People Living with HIV (PLHIV) on ART who have suppressed viral load (VL =<1000 copies/ml) 12 months after ART initiation.<br>D: Total number of PLHIV tested for viral load 12 months after ART initiation.<br><br>**Viral load testing coverage** |

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| | N: Tested for VL<br>D: PLHIV on treatment |
| **No ANNEX H, ANNEX I, ANNEX J** | **Annex H. HIV Viral Load Machines Used In the Philippines And Their Limit Of Detection (LOD) Based on the Sample Method**<br><br>**Annex I. Typical Viral Load Technology Reporting Outputs**<br><br>**Annex J. Standardized Requisition and Result Forms, Including Result Interpretation** |

## XI. REPEALING CLAUSE

All other provisions of AO No. 2022-0024 shall remain in effect, and provisions/issuances inconsistent or contrary to this Order are hereby rescinded or modified accordingly.

## XII. SEPARABILITY CLAUSE

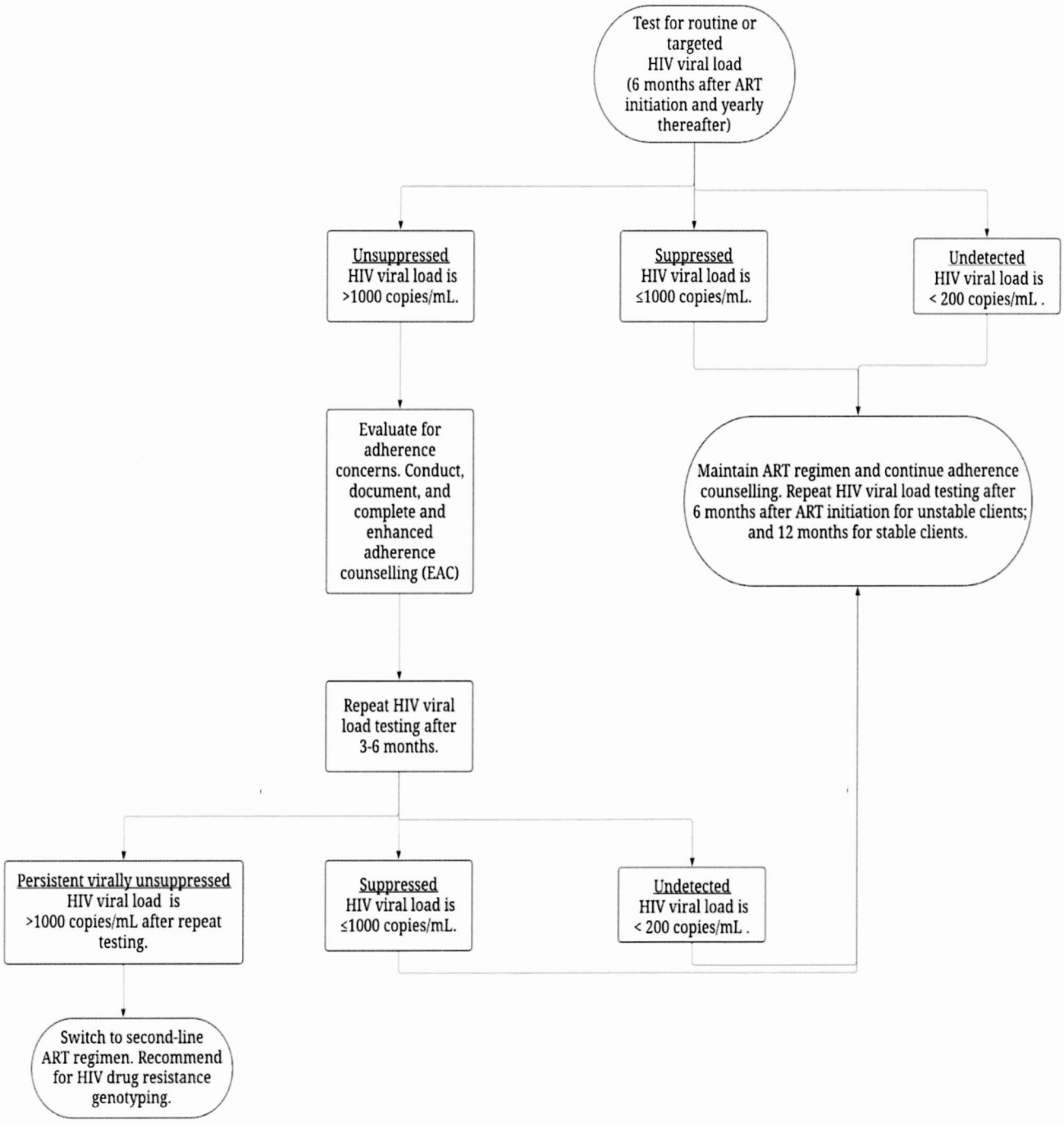
In the event that any provision or part of this issuance is declared unconstitutional or rendered invalid by any court of law or competent authority, the portions not affected thereby shall remain in full force and effect.

## XIII. EFFECTIVITY

This Order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation and upon filing of three (3) certified copies to the University of the Philippines Law Center.

**TEODORO J. HERBOSA, MD**
Secretary of Health

## Annex D. Interpretation Of HIV Viral Load Test



**Annex H. HIV Viral Load Machines Used In The Philippines And Their Limit Of Detection (LOD) Based on Sample Used As Of 2023**

| Manufacturer | Viral Load Product Name | Testing system | Sample type | Sample volume (µL) | LOD from the manufacturer (copies/ml) |
|---|---|---|---|---|---|
| Cepheid | XPERT® HIV-1 VIRAL LOAD | low-throughput | EDTA plasma | 1,000 | 18.3 |
| Cepheid | XPERT® HIV-1 VIRAL LOAD XC | low-throughput | EDTA plasma | 1,000 | 20.0 |
| Abbott | mPIMA™ HIV-1/2 VL test | POCT / low-throughput | EDTA Plasma | 50 | HIV-1: 800<br>HIV-2: 800 |
| Roche | Cobas HIV-1 Quantitative nucleic acid test (Cobas 4800 system) | high-throughput | EDTA Plasma | 400, 200 | 14.2, 43.9 |
| Roche | Cobas HIV-1 Quantitative nucleic acid test (Cobas 5800 system) | high-throughput | EDTA Plasma | 500, 200 | 13.2, 35.5 |

## Annex I. Typical Viral Load Technology Reporting Outputs (WHO, 2023)

- Not detected = undetectable: the test could not detect any virus in the sample
- <LOD or <LLOQ = the test detected some virus but less than the limit of detection (<LOD) or lower limit of quantification (<LLOQ) (in nearly all cases, these would be suppressed, detected but ≤1000 copies/mL)
- Viral load copies/mL value = the quantified value of viral load detected
- >ULOQ = detectable viral load that is more than the upper limit of quantification (>ULOQ) (generally >1 million copies/mL or higher)

## Annex J. Standardized Requisition And Result Forms

### A. Molecular Diagnostics Laboratory Request Form

**SAN LAZARO HOSPITAL**
**NATIONAL REFERENCE LABORATORY,**
**STD/AIDS COOPERATIVE CENTRAL LABORATORY**

Quiricada Street, Sta. Cruz, Manila | Tel Nos: (+632)5310-9528 to 29, Fax No: (+632)711-4117 | Email: nrslhsaccl@yahoo.com.ph

# MOLECULAR DIAGNOSTICS LABORATORY REQUEST FORM

☐ In-patient (Ward): | Date Requested (MM DD YYYY) | Laboratory Number: | Queue Number:

☐ Out-patient H4: _____ Referral: _____

**To be filled out by Requesting Physician:**

## PATIENT INFORMATION

| Last Name: | First Name: | Middle Name: | Suffix: |
|---|---|---|---|

| Patient Code: | Date of Birth (MM DD YYYY) | Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated | Sex at birth: ☐ Male ☐ Female | Gender: ☐ Male ☐ Female ☐ LGBTQ+ ☐ Transgender (man/ woman) ☐ Others _____ |
|---|---|---|---|---|

| Address: | Telephone No./ Mobile No.: | Age: |
|---|---|---|

| Clinical Diagnosis: | Name and Signature of Referring Physician: |
|---|---|

## LABORATORY TESTS

☐ HIV Viral Load/ HIV Nucleic Acid Test
☐ HIV Qualitative Nucleic Acid Test
☐ HBV Viral Load/ HBV Nucleic Acid Test
☐ HBV Viral Load/ HBV Nucleic Acid Test
☐ STI Panel Nucleic Acid Test
☐ Others _____

**Collection Tube / Method**
☐ Red (Plain) ☐ Lavander (EDTA) ☐ Direct to DBS
☐ Others _____

**Specimen Type Sent**
☐ Whole Blood ☐ Serum ☐ Plasma ☐ DBS ☐ Others _____

ID Presented ☐ Government ☐ Private

| Sample Extracted By (name and signature) | Date and Time | Laboratory Contact Number/ Email (For referral samples) |
|---|---|---|

## FOR HIV VIRAL LOAD/ HIV NUCLEIC ACID TEST ONLY

NRL-SLH/SACCL or CrCL HIV Confirmatory Laboratory Code: | Unique Identifier Code (UIC):

**Patient's ART Regimen**
☐ Baseline (Treatment Naïve)
☐ Under Antiretroviral Therapy (ART)
☐ 1st Line ART
☐ 2nd / 3rd Line ART
☐ Lost to follow-up >3 months
**Patient's Recent HIV Viral Load Result:**
Result: _____ copies/mL
Date: _____

**For Patient's under Retroviral Therapy (ART)**

**Date ART Started:** (mm-dd-yyyy) ____ - ____ - _____

**If changed, date ART changed:** (mm-dd-yyyy) ____ - ____ - _____

**Patient's Current ARV (Please check all that apply):**

☐ Abacavir
☐ Atazanavir
☐ Dolutegravir
☐ Darunavir
☐ Efavirenz
☐ Emtricitabine
☐ Lamivudine
☐ Lopinavir/ Ritonavir
☐ Neviparine
☐ Raltegravir
☐ Rilpivirine
☐ Tenofovir
☐ Zidovudine
☐ Others: _____

## INFORMED CONSENT

I hereby freely and voluntarily agree that all pertinent data and test results may be anonymously used for research and data-collection purposes, provided that such information is confidential and de-identified with sufficient safeguards. I know that I am, at any stage, free to withdraw my consent to said purposes.

_____
Signature over Printed Name

## FOR SACCL USE ONLY

| Sample Condition | Bill to: | Test Amount: | OR/CS number: | Test Result Release: |
|---|---|---|---|---|
| ☐ Accepted ☐ Rejected | ☐ Patient ☐ Philhealth ☐ Philhealth (OHAT) ☐ FOC | | | ☐ Pick – up ☐ Mail |
| If rejected, notification details: Name: _____ | ☐ _____ | Discount: | Received By: | ☐ Email _____ |
| Institution: _____ | ☐ MSS _____ | Total Amount Paid: | Date and Time: | |

## B. Molecular Diagnostics Laboratory Result Form : HIV Quantitative Viral Load

Republic of the Philippines
Department of Health
**National Reference Laboratory for HIV/AIDS, Hepatitis B/C & other STIs**
**San Lazaro Hospital - STD AIDS Cooperative Central Laboratory**
Quiricada Street, Sta.Cruz, Manila Tel.Nos.: (632)5310-9528 to 29, Fax No.: (632)8711-4117
Email: nrlslhsaccl@yahoo.com.ph Website: app.nrlslhsaccl.com.ph

BAGONG PILIPINAS

# LABORATORY RESULT FORM

| | | | |
|---|---|---|---|
| Name: | Dela Cruz, Juan D. | Date/Time Received: | 01/01/2025 |
| Age/Sex: | 18Y 8M 10D/ MALE | Laboratory Number: | D25-01-00001 |
| Birthdate: | 2025-01-01 | OR No.: | 123456 |
| Referring Facility: | SAN LAZARO HOSPITAL | Specimen Type: | PLASMA |
| | | Specimen Sequence No.: | |

## MOLECULAR DIAGNOSTICS
## HIV Quantitative (Viral Load)

| METHOD USED | KIT/REAGENT USED | LOT NO. | RESULT |
|---|---|---|---|
| Real-Time Polymerase Chain Reaction (PCR) | Cobas 5800 HIV Test | 12345 | HIV-1 RNA NOT DETECTED |
| Date Performed: | 01/01/2025 | | |
| Interpretation | | | |
| Remarks: | | | |

**Interpretation Criteria**

| Result (copies/mL) | Interpretation |
|---|---|
| Target Not Detected | Viral load is undetectable at the time of testing. |
| ≤ 1000 copies/mL | Virally suppressed at the time of testing. Enhance adherence to counseling and repeat viral load after 3 months. |
| ≥ 1000 copies/mL | Virally unsuppressed at the time of testing. Enhance adherence counseling and repeat viral load after 3 months. If persistent virally unsuppressed after repeat testing, recommend for HIV Drug Resistance testing. |

| Delta Check | |
|---|---|
| Date Tested | |
| Kit/Reagent Used | |
| Result | |

| Analyzed By: | Reviewed By: | Noted By: |
|---|---|---|
| Medical Technologist | Senior Medical Technologist | Pathologist |
| | | Date Released: |
| | | Date Printed: |

**Result Form is INVALID without SACCL seal**

LAB-F-337, Effectivity Date: January 1, 2025
*Computer Generated Form

## C. Molecular Diagnostics Laboratory Result Form : HIV Qualitative

Republic of the Philippines
Department of Health
**National Reference Laboratory for HIV/AIDS, Hepatitis B/C & other STIs**
**San Lazaro Hospital - STD AIDS Cooperative Central Laboratory**
Quiricada Street, Sta.Cruz, Manila Tel.Nos.: (632)5310-9528 to 29, Fax No.: (632)8711-4117
Email: nrlslhsaccl@yahoo.com.ph Website: app.nrlslhsaccl.com.ph

BAGONG PILIPINAS

### LABORATORY RESULT FORM

| | | | |
|---|---|---|---|
| Name: | Dela Cruz, Juan D. | Date/Time Received: | 01/01/2025 |
| Age/Sex: | 18Y 8M 10D/ MALE | Laboratory Number: | D25-01-00001 |
| Birthdate: | 2025-01-01 | OR No.: | 123456 |
| Referring Facility: | SAN LAZARO HOSPITAL | Specimen Type: | WHOLE BLOOD |
| | | Specimen Sequence No.: | |

**MOLECULAR DIAGNOSTICS**
**HIV Qualitative**

| METHOD USED | KIT/REAGENT USED | LOT NO. | RESULT |
|---|---|---|---|
| Real-Time Polymerase Chain Reaction (PCR) | Cobas 5800 HIV-1/HIV-2 QUALITATIVE | 12345 | HIV-1 DETECTED & HIV-2 NOT DETECTED |
| Date Performed: | 01/01/2025 | | |
| Interpretation | POSITIVE FOR HIV-1 DNA | | |
| Remarks:<br>Immediately collect and send a second sample to confirm infection. | | | |

| Analyzed By: | Reviewed By: | Noted By: |
|---|---|---|
| Medical Technologist | Senior Medical Technologist | Pathologist |
| | | Date Released: |
| | | Date Printed: |

**Result Form is INVALID without SACCL seal**

LAB-F-337, Effectivity Date: January 1, 2025
*Computer Generated Form

## D. HIV Early Infant Diagnosis (EID) Laboratory Request Form

SAN LAZARO HOSPITAL
NATIONAL REFERENCE LABORATORY,
STD/AIDS COOPERATIVE CENTRAL LABORATORY

Quiricada Street, Sta. Cruz, Manila | Tel Nos: (+632)5310-9528 to 29 Fax No: (+632)711-4117 | Email: nrlslhsaccl@yahoo.com.ph

# HIV EARLY INFANT DIAGNOSIS (EID) LABORATORY REQUEST FORM

| | | | |
|---|---|---|---|
| ☐ In-patient (Ward): | Date Requested (MM / DD / YYYY) | Laboratory Number: | Queue Number: |
| ☐ Out-patient H4: _____ Referral: _____ | | | |

**To be filled out by Requesting Physician:**

## PATIENT INFORMATION

| | | | |
|---|---|---|---|
| Last Name: | First Name: | Middle Name: | Suffix: |

| | | | | |
|---|---|---|---|---|
| Patient Code: | Date of Birth (MM / DD / YYYY) | Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated | Sex at birth: ☐ Male ☐ Female | Gender: ☐ Male ☐ Female ☐ LGBTQ+ ☐ Transgender (man/ woman) ☐ Others _____ |

| | | |
|---|---|---|
| Address: | Telephone No./ Mobile No.: | Age: |
| Clinical Diagnosis: | Name and Signature of Referring Physician: | |

## SAMPLE INFORMATION

☐ 1ST EID Sample ☐ 2ND EID Sample ☐ 3RD EID Sample ☐ 4TH EID Sample ☐ Others: _____

| | |
|---|---|
| **Collection Tube / Method** ☐ Red (Plain) ☐ Lavander (EDTA) ☐ Direct to DBS ☐ Others _____ | **Specimen Type Sent** ☐ Whole Blood ☐ Serum ☐ Plasma ☐ DBS ☐ Others _____ |
| ID Presented ☐ Government | ☐ Private |

| | | |
|---|---|---|
| Sample Extracted By (name and signature) | Date and Time | Laboratory Contact Number/ Email (For referral samples) |

## MATERNAL AND CHILD HISTORY

| | |
|---|---|
| Mother's HIV Confirmatory Laboratory Code: _____ | ☐ First PCR sample Result _____copies/ml Date _____ |
| Mother's Recent Viral Load Result _____ copies/ml | ☐ Second PCR sample Result _____copies/m Date _____ |
| Mother's Recent CD4 count _____ | ☐ Third PCR sample Result _____copies/ml Date _____ |

## INFORMED CONSENT

I hereby freely and voluntarily agree that all pertinent data and test results may be anonymously used for research and data-collection purposes, provided that such information is confidential and de-identified with sufficient safeguards. I know that I am, at any stage, free to withdraw my consent to said purposes.

_____
Parent/ Legal Guardian/ Social Worker

## FOR SACCL USE ONLY

| | | | | |
|---|---|---|---|---|
| Sample Condition ☐ Accepted ☐ Rejected<br>If rejected, notification details:<br>Name: _____<br>Institution: _____ | Bill to: ☐ Patient ☐ Philhealth ☐ Philhealth (OHAT) ☐ FOC ☐ _____ ☐ MSS _____ | Test Amount:<br>Discount:<br>Total Amount Paid: | OR/CS number:<br>Received By:<br>Date and Time: | Test Result Release: ☐ Pick – up ☐ Mail _____ ☐ Email _____ |

## E. HIV Early Infant Diagnosis (EID) Laboratory Result Form: First(1st) Sample

Republic of the Philippines
Department of Health
**National Reference Laboratory for HIV/AIDS, Hepatitis B/C & other STIs**
**San Lazaro Hospital - STD AIDS Cooperative Central Laboratory**
Quiricada Street, Sta.Cruz, Manila Tel.Nos.: (632)5310-9528 to 29, Fax No.: (632)8711-4117
Email: nrlslhsaccl@yahoo.com.ph Website: app.nrlslhsaccl.com.ph

BAGONG PILIPINAS

### LABORATORY RESULT FORM

| | | | |
|---|---|---|---|
| Name: | Dela Cruz, Juan D. | Date/Time Received: | 01/01/2025 |
| Age/Sex: | 1Y 8M 10D/ MALE | Laboratory Number: | D25-01-00001 |
| Birthdate: | 2025-01-01 | OR No.: | 123456 |
| Referring Facility: | SAN LAZARO HOSPITAL | Specimen Type: | WHOLE BLOOD |
| | | Specimen Sequence No.: | 1ST SAMPLE |

**MOLECULAR DIAGNOSTICS**
**HIV Early Infant Diagnosis**

| METHOD USED | KIT/REAGENT USED | LOT NO. | RESULT |
|---|---|---|---|
| Real-Time Polymerase Chain Reaction (PCR) | Cobas 5800 HIV-1/HIV-2 QUALITATIVE | 12345 | HIV-1 DETECTED & HIV-2 NOT DETECTED |
| Date Performed: | 01/01/2025 | | |
| Interpretation | POSITIVE FOR HIV-1 DNA | | |
| Remarks: Immediately collect and send a second sample to confirm the result as per national testing guidelines. Confirmation testing is essential for accurate diagnosis and appropriate follow-up. | | | |

| Analyzed By: | Reviewed By: | Noted By: |
|---|---|---|
| Medical Technologist | Senior Medical Technologist | Pathologist |
| | | Date Released: |
| | | Date Printed: |

**Result Form is INVALID without SACCL seal**

LAB-F-337, Effectivity Date: January 1, 2025
*Computer Generated Form

## F. HIV Early Infant Diagnosis (EID) Laboratory Result Form: Second (2nd) Sample

Republic of the Philippines
Department of Health
**National Reference Laboratory for HIV/AIDS, Hepatitis B/C & other STIs**
**San Lazaro Hospital - STD AIDS Cooperative Central Laboratory**
Quiricada Street, Sta.Cruz, Manila Tel.Nos.: (632)5310-9528 to 29, Fax No.: (632)8711-4117
Email: nrlslhsaccl@yahoo.com.ph Website: app.nrlslhsaccl.com.ph

BAGONG PILIPINAS

### LABORATORY RESULT FORM

| | | | |
|---|---|---|---|
| Name: | Dela Cruz, Juan D. | Date/Time Received: | 01/01/2025 |
| Age/Sex: | 1Y 8M 10D/ MALE | Laboratory Number: | D25-01-00001 |
| Birthdate: | 2025-01-01 | OR No.: | 123456 |
| Referring Facility: | SAN LAZARO HOSPITAL | Specimen Type: | WHOLE BLOOD |
| | | Specimen Sequence No.: | 2nd SAMPLE |

**MOLECULAR DIAGNOSTICS**
**HIV Early Infant Diagnosis**

| METHOD USED | KIT/REAGENT USED | LOT NO. | RESULT |
|---|---|---|---|
| Real-Time Polymerase Chain Reaction (PCR) | Cobas 5800 HIV-1/HIV-2 QUALITATIVE | 12345 | HIV-1 DETECTED & HIV-2 NOT DETECTED |
| Date Performed: | 01/01/2025 | | |
| Interpretation | POSITIVE FOR HIV-1 DNA | | |
| Remarks: The second sample result is HIV-1 Detected, confirming the initial finding. Immediate linkage to HIV care and treatment is strongly advised, following the national guidelines for managing HIV in infants. | | | |

| Analyzed By: | Reviewed By: | Noted By: |
|---|---|---|
| Medical Technologist | Senior Medical Technologist | Pathologist |

Date Released:
Date Printed:

**Result Form is INVALID without SACCL seal**

LAB-F-337, Effectivity Date: January 1, 2025
*Computer Generated Form