PHILIPPINE ARV DRUG RESISTANCE SURVEILLANCE

☐ I have given information on viral load and ARV drug resistance testing to my patient including how it is done, its risks and benefits, and the possible implications of the test results.

☐ I have explained to my patient that should the test result show that there is drug resistance, a change in current regimen might be necessary. However, the needed drug might not be part of the current treatment guidelines, and the Deparrtment of Health has no obligation to procure and provide additional types of drugs.

☐ I have given my patient the opportunity to ask questions and I have satisfactorily answered them.

Physician
(signature over printed name)

PATIENT PROFILE

1 **Treatment Hub:** _____ **Name of Physician:** _____

2 **SACCL Code:** ☐☐☐—☐☐—☐☐☐☐☐ **UIC:** ☐☐—☐☐—☐☐—☐☐☐☐☐☐☐☐
* UIC: First two letters of mother's name, first two letters of father's name, two-digit birth order, birthdate (MM-DD-YYYY)

Patient Code: _____

3 **Patient's Current ARV** (Please check all that apply):
☐ Zidovudine ☐ Tenofovir ☐ Abacavir ☐ Atazanavir ☐ Efavirenz
☐ Lamivudine ☐ Lopinavir/Ritonavir ☐ Raltegravir ☐ Stavudine ☐ Nevirapine

4 **Date ART Started:** ☐☐—☐☐—☐☐☐☐ (Month — Day — Year)

MEDICAL HISTORY

5 **Does your patient have allergies?** ☐ No ☐ Yes If yes, please specify: _____

6 **Has your patient ever taken medications for Hepatitis B?** ☐ No ☐ Yes
If yes, please check which drugs were taken.
☐ Lamivudine ☐ Entecavir ☐ Tenofovir
☐ Clevudine ☐ Adefovir ☐ Other (please specify): _____

TREATMENT ADHERENCE

7 **Did your patient miss taking ARV in the past year?** (put a check mark on the appropriate shaded column)

Regimen	Does not take this ARV	No pills ever missed	Some pills missed	How often were the pilles missed (cumulative)	What was the longest time the pills were missed consecutively?	Reason/s for missing pills/not taking ARV in the past 12 months
Zidovudine + Lamivudine						
Tenofovir + Lamivudine						
Efavirenz						
Nevirapine						
Tenofovir + Lamivudine + Efavirenz						
Lopinavir/Ritonavir						

Reasons for missing pills/not taking ARV consistently in the last 12 months (indicate all that apply):

A Forgot to take the pills
B Ran out of pills
C Was confused or unsure about how to take the pills
D Had problems with the conditions for taking the pills
E Had allergies to the pills
F Did not want to take the pills
G Felt worse when taking the pills
H Felt there were too many pills to take
I Felt did not need the pills
J Other reasons: _____

8 **I am referring the patient for:** ☐ HIV Viral load ☐ Drug Resistance Testing

LABORATORY REFERRAL

Specimen Type (Please check): ☐ Plasma ☐ Serum

Date blood collected: ☐☐—☐☐—☐☐☐☐ (Month — Day — Year)

Name of Medical Technologist: _____ **Signature:** _____

Referring Laboratory: _____

Address: _____

Telephone/Mobile Number: _____ **Fax:** _____ **Email address:** _____