ສວລມ CILM
Center Infectiology Lao-Christophe Merieux

Ministry of Health
Center of Infectiology Laos – Christoph Merieux
Contact laboratories
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HIV Viral Load Results Form for [name of hospital]

Date of send: __/__/____

ໝາຍເຫດ:

ຜົນກວດເທົ່າກັບ 250 Copies/mL ແມ່ນໝາຍຄວາມວ່າ < 250 Copies/mL ຫຼື Undetectable (Und)

No	Patient Code	Copies/ml	Log sq	Sampling date	Date received sample

Hospital staff

Date: __/__/____ Time: ____ :_____

Name: ………………………

Signature: ……………………..

CILM staff

Date: __/__/____

Name: ………………..

Signature: …………………..