

Dear Dr.

Thank you for your taking care of the patient. We are trying to apply governmental subsidization program for him/her/them. But we need to fill up very complicated application form with detailed examination data. To receive free ARV, the following data is necessary.

Patient Name

1) date of diagnosis

- a. date of screening test date ____, ____, 20__ type (Rapid, ELISA, PA, ____)
- b. date of confirmation test date ____, ____, 20__ type (WB, PCR, ____)

2) CD4, viral load and other laboratory data while having low immunity

Please describe the data of lowest two times. But the interval of two data should be more than 4 weeks.

a. CD4 count

data 1 _____ / μ l date ____, ____, 20__

data 2 _____ / μ l date ____, ____, 20__

b. Viral Load (HIV-RNA)

data 1 _____ copies/ date ____, ____, 20__

data 2 _____ copies/ date ____, ____, 20__

c. WBC (white blood cell count)

data 1 _____ / μ l date ____, ____, 20__

data 2 _____ / μ l date ____, ____, 20__

d. Hb (Hemoglobin)

data 1 _____ g/dl date ____, ____, 20__

data 2 _____ g/dl date ____, ____, 20__

e. Platelet

data 1 _____ / μ l date ____, ____, 20__

data 2 _____ / μ l date ____, ____, 20__

We need to describe the lowest two data, instead of present data.

3) ART record

initial regimen ____, ____, ____ date of starting ART ____, ____, 20__

second regimen ____, ____, ____ date of starting ART ____, ____, 20__

Thank you for your kind cooperation.

Sincerely yours,

Hospital

Dr.