**HIV Antenatal Screening Data Collection Form**

Name of maternity unit/hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_ \_ /\_ \_ / \_ \_ \_ \_

Who does the antenatal data refer to (Please tick one):

* Public only
* Private only
* Public and Private

Where do you derive your booking data from (Please tick one):

* Maternity unit IT systems
* Maternity unit manual collection
* Laboratory IT system
* Patient Administration System (PAS)
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Year** |  |
| Number of women booked |  |
| Number of women offered screening |  |
| Number of women accepted screening |  |
| Number of women diagnosed HIV positive |  |
| Number of women **newly** diagnosed HIV positive |  |

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your help with completing this form.**