

ROUTINE ANTENATAL HIV SCREENING

Year	<input type="text"/>
Hospital	<input type="text"/>
Form completed by	<input type="text"/>
Job Title	<input type="text"/>
Date form completed	<input type="text"/>
Number of antenatal patients booked (1 st visits)	<input type="text"/>
Number of antenatal patients offered HIV test	<input type="text"/>
Number of antenatal patients who accepted test	<input type="text"/>
Number of HIV positive patients	<input type="text"/>
Number of HIV positive patients with HIV infection not previously known	<input type="text"/>

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- Does the data refer to
i. Public patients only ☐
ii. Public and Private patients ☐
 - Do you record the reason for refusal in those women who choose not to have the HIV test?
Yes ☐ No ☐
 - Where do you derive the **booking** figures?
☐ Maternity Unit IT systems
☐ Maternity unit manual collection
☐ Other, please specify _____
 - Do you have a computerised system for recording the information on HIV uptake and testing?
Yes ☐ No ☐

Thank you for your help with this.
Please return the form to Kate O'Donnell, 25-27 Middle Gardiner Street, Dublin 1