



TESTING MILLIONS

WORLD AIDS DAY 2009

Data Entry Form - Instructions

One form should be submitted per day, per organization or group of organizations conducting the tests. This is regardless of the number of testing activities / events and the number of tests conducted on a given day. Please complete as many fields as possible and relevant on the Data Entry Form.

Below is a detailed explanation of the type of data to be reported for each numbered field.

LOGISTICS

1. **Date:** Please use a separate Data Entry Form for each testing event day.
2. **Country:** Please specify the country where the testing event is taking place.
3. **Organization Conducting Tests:** Please specify the name of the organization conducting tests. This could be one organization or multiple organizations partnering together for the testing event. If multiple organizations, please list the primary organizing partner first. Organizations can be non-government organizations (NGOs), government agencies or private companies.

DATA

4. **Total Tested for HIV:** Please specify the total number of tests conducted on the **date** entered in field #1 indicated above. There might be multiple testing events and locations that are conducted by your organization or partner organizations. Please use a separate Data Entry Form for each testing event location.
5. **Gender Distribution:** Please specify the total number of males and females tested. Include Transgender totals based upon their male/female preference.
6. **Male Age Distribution:** Please specify age distribution for all males tested.
7. **Female Age Distribution:** Please specify age distribution for all females tested.
8. **Why clients got tested:** Please specify the total number of clients, per category of risk perception reasoning for test.
9. **Number of clients told they had an STD i.e. Gonorrhea, Syphilis, Chlamydia, or Hepatitis A, B, or C in the last 12 months:** Please specify the total number of clients who disclose STD infections.
10. **Number of clients who had an HIV test before today:** Please specify the total number of clients who previously tested for HIV.
11. **If the clients had an HIV test before today, what was their last test result?** Please indicate the total number of clients, per result previously received.
12. **First test-kit of algorithm used:** Please indicate the first test-kit used for all clients tested by brand name and type.
13. **Results:** Please indicate the testing result totals separately, per result category.
14. **Referrals:** Please indicate the total number of positive clients referred to treatment or care.

Submit the Data Entry Form by: Email: globaldata@aidshealth.org or USA Fax: +1 213 405 5880