### PART A

| Field | Description                                      | Data |
|-------|--------------------------------------------------|------|
| A00   | F INIT Field Worker ID                           |      |
| A01   | HHID Household ID                                |      |
| A02   | STUDYNO Study No                                 |      |
| A03   | DATEC Date of Specimens Collection (dd/mm/yyyy)  |      |
| A04   | SPEC1 Oral Mucosal Transudate collected          |      |
| A05   | TICOL Time Oral Mucosal Transudate collected     |      |
| A06   | SPEC2 DBS collected                              |      |
| A06b  | SPEC3 Urine Collected                            |      |
| A07   | TIMEC Time DBS/Urine Collected                   |      |

### PART B

FOR ORAL MUCOSAL TRANSUDATE TEST ONLY

| Field | Description                                      | Data |
|-------|--------------------------------------------------|------|
| A08   | DATER Date OMT Specimen Received                 |      |
| A09   | TIR Time OMT read                                 |      |
| A10   | RES01 Test Result                                |      |

### PART C

FOR DBS/URINE TEST ONLY - FOR LAB USE ONLY

| Field | Description                                      | Data |
|-------|--------------------------------------------------|------|
| A11   | LABNO Lab Number                                 | L    |
| A12   | DATER Date DBS/Urine Received                    |      |
| A13   | TIMER Time DBS/Urine Received                     |      |
| A14   | DAREP Date DBS/Urine Processed                   |      |
| A15   | TIMEP Time DBS/Urine Processed                    |      |
| A16   | RESD1 ARV Detected                               |      |

**NOTE:**
- **Yes**
- **No**
- **Refused**
- **Positive**
- **Negative**
- **Indeterminate**
- **Not Done**