

ANNEX C

SUMMARY OF WORKGROUP RECOMMENDATIONS FOR TESTS PERFORMED AT EACH LEVEL OF A LABORATORY NETWORK*							
Laboratory tests for diagnosis and monitoring ⁽¹⁾	Primary Care Level ⁽²⁾		District Level ⁽³⁾		Regional/Provincial Level ⁽⁴⁾		National/ Multicountry Level ⁽⁵⁾
	Send out ⁽⁶⁾	On-site	Send out ⁽⁶⁾	On-site	Send out ⁽⁶⁾	On-site	On-site
<i>HIV antibody testing</i>							
Lab ELISA	X			X		X	X
Rapid point of care 1		X		X		X	X
Rapid point of care 2		X		X		X	X
Rapid point of care 3		X		X		X	X
<i>HIV virological diagnostic testing</i>							
RNA	X		X			X	X
DNA	X		X			X	X
Ultrasensitive p24 antigen	X		X		X		X
<i>HIV viral load measurement</i>	X		X			X	X
<i>Hematology assays</i>							
Hemoglobinometer such as HemoCue		X		X		X	X
WHO color scale		X					
Full blood count and differential	X			X		X	X
<i>CD4</i>							
Absolute count	X			X		X	X
% desirable if available	X			X		X	X
<i>HIV resistance testing ⁽⁷⁾</i>			X		X		X ⁽⁸⁾
<i>Pregnancy testing</i>							
Urine rapid test		X		X		X	X
<i>Chemistry assays</i>							
Liver function tests		X (if power)		X		X	X
Whole blood glucose (glucometer)		X		X		X	X
Serum glucose				X		X	X
Serum electrolytes	X			X		X	X
Renal function tests		X (if power)		X		X	X
Lipids				X		X	X
Amylase				X		X	X
Lactate				X		X	X

(1) These are generic recommendations and it is recognized that exceptions apply (e.g., some health centers will send out certain tests). When appropriate, these tests may be used for public health surveillance and QA activities.

(2) Primary health care facilities are those providing first point of contact with the health care system.

(3) District level is defined as hospital at the first referral level that is responsible for a defined geographical area containing a defined population and governed by a politico-administrative organization such as a district health management team.

(4) In some smaller countries, there may not be regional laboratories.

(5) Including the national reference laboratory or public health laboratory, which is usually responsible for QA and surveillance activities.

(6) "Send out" refers to not having the testing capability on site, so samples and/or patients are sent to another site for the tests to be performed.

(7) HIV DR testing is only recommended as part of national efforts for surveillance and monitoring as outlined in the WHO HIV DR laboratory strategy. This testing is usually done by sending out samples to an accredited international lab.

(8) May be done at the national level or sent to an accredited lab.

*Adopted from the WHO publication: Summary of WHO Recommendations on Laboratory Investigations for Clinical Care by Level of Health Care Facility.

Note: Test list above is not meant to be all inclusive of the testing performed at each level.

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<i>Urine analysis</i>							
Urine dipstick		X		X		X	X
Urine dipstick with microscopy				X		X	X
<i>Tuberculosis tests</i>							
<i>Microscopy</i>							
Light		X		X		X	X
Fluorescence		X (if high vol)		X		X	X
<i>Culture and ID</i>							
Solid medium	X		X			X	X
Liquid medium	X		X			X	X
<i>Drug susceptibility test</i>							
First-line			X			X	X
Second-line			X		X		X
<i>Malaria tests</i>							
Rapid test for malaria		X		X		X	X
Microscopy for malaria (thick/thin)		X		X		X	X
<i>Microbiology tests</i>							
Gram's stain				X		X	X
Microbiology culture and ID			X			X	X
Blood culture			X			X	X
Microbiology susceptibilities			X			X	X
Wet mounts/preps		X		X		X	
<i>Syphilis tests</i>							
Syphilis rapid diagnostic test		X		X		X	X
Syphilis serological (RPR, FTA, TPPA/TPHA)				X		X	X
<i>Hepatitis tests</i>							
Hepatitis B by EIA				X		X	X
Hepatitis C by EIA				X (if high prev)		X	X
<i>Cerebrospinal fluid (CSF) tests</i>							
CSF microscopy including cell count, India Ink, Gram's stain and AFB				X		X	X
CSF glucose			X			X	X
Cryptococcal antigen (serum or CSF)				X		X	X

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