

TB/ART DATA DE-DUPLICATION CHANGE CONTROL FORM

Folder number: _____

Name & Surname: _____

This data change control form tracks changes to the documentation of information that arise from de-duplication processes. This form **does not** replace the standardised clinical stationery. Rather the form is to be used to document data changes that are identified during de-duplication processes. It is critical that the table below be updated correctly and consistently. Clinicians must document their details. Facility Manager sign-off is mandatory for all changes. This form must be attached to the patient clinical stationery.

Note: In the table below, ONLY document the field(s) that require updates as informed by the duplications report.

DATA CHANGES PRE AND POST DE-DUPLICATION

Field	Current documentation ¹	1 st change	2 nd change	3 rd change	4 th change
ART Start Date ²					
Prior ART					
Baseline Regimen					
Baseline CD4					
Pregnant at ART Start					
On TB RX at ART Start					
On IPT at ART Start					
On CPT at ART Start					
Method into ART					
Transfer In Date					
Transfer from Location					
Transfer to Location					
Outcome					
Outcome Date					
Initials & Surname:					
Designation:					
Signature:					
Date:					
Admin Clerk's Signature:					
Facility Manager's Signature:					

Notes

¹ Always reference the original information, prior to amendments being done.

² Update all the baseline information when making amendment to the ART Start Date.