REPUBLIC OF KENYA

MINISTRY OF HEALTH

MOH 643B

FACILITY CONSUMPTION DATA REPORT AND REQUEST FOR ART LABORATORY MONITORING REAGENTS

Facility:	**MFL Code:**
County:	**Sub-county:**
Start date:	**End date:**

Version Oct. 2017

How to complete the Facility Consumption Data report and request (F-CDRR) form for ART Laboratory monitoring reagents

Use the following instructions to complete the F-CDRR for ART Laboratory monitoring reagents:-

Use of the F-CDRR:

- Used to report data on the following commodities:- Laboratory reagents for ART treatment monitoring (i.e. reagents for CD4 count, Haematology, Biochemistry) and related consumables at facility level
- It is used to summarize and report on consumption of individual commodities used by a facility each month, and also to request stock for the facility from KEMSA or other supply chains.
- Source of Data: It draws its information from the *Daily Activity Register for Laboratory Regents and Consumables* (MOH 642).

Who will fill the F-CDRR and When?

- The Facility Laboratory in-charge or his/her designated deputy will complete the form.
- The F-CDRR is completed by the facility at the end of each month and sent to the Sub-county Laboratory Coordinator (SCLC) to be submitted online via DHIS2 to NASCOP before the 5th of the following month.

To be filled on the Cover page of the F-CDRR book:

Name of Facility: Write the name of your health facility/laboratory.

Facility code: Write your Master Facility List (MFL) code.

County: Write the county where the health facility/laboratory is located.

Sub-county: Write the sub-county where the health facility/laboratory is located

Start and end dates: Fill in for when the book first started to be used and when it is filled up. This will help you in locating old reports in future.

To be filled on each report form:

***Name of Facility*:** Write the name of your health facility/laboratory.

***Facility code*:** Write the Master Facility List (MFL) code assigned to your health facility/laboratory.

***County*:** Write the county where the health facility/laboratory is located.

***Sub-county*:** Write the sub-county where the health facility/laboratory is located

Report for Period: Beginning (date): Write the date of the first day of the period covered by the report. Enter as day-month-year (in format dd-mm-yyyy), e.g. 01/09/2016.

Report for Period: Ending (date): Write the date of the last day of the period covered by the report. Enter as day-month-year (in format dd-mm-yyyy), e.g. 30/09/2016.

Number of CD4 tests (Adult and Paeds), Haematology and Chemistry Tests conducted: In this section, write the total number of tests conducted at the facility during the month, i.e. the actual number of tests done without repeats or failed runs. The CD4 tests for Adults (≥ 15 years) and for children (<15 years) are entered separately.
If several pages of the DAR have been used over the month, be sure to aggregate the figures for Tests done across all the pages used that month for each laboratory reagent or consumable.

Commodity name, Unit of Issue: The various Laboratory commodities are pre-printed on the form along with the unit of issue.

For each commodity, complete the columns in the main part of the reporting form as follows:

Beginning Balance: Enter the quantity, in units, of each usable laboratory commodity available for use in the facility at the beginning of the reporting month.
NB: The Beginning balance for this month should be equal to the Physical count (Ending balance) at the end of the previous month. If it is not, indicate the loss or adjustment in the respective columns of this F-CDRR and explain in the section labelled "*Explain Losses & Adjustments*".

Total Quantity Received This Month - from Central Warehouses (e.g. KEMSA): In the respective column, enter the total quantity, in units as specified in the unit of issue column, of each usable laboratory commodity received by your facility from the central warehouses (KEMSA, NPHL), during the reporting month under consideration. If no stock was received at the facility during the month, enter a zero ("0") in this column.
The Quantity received is obtained from the *Quantity Received or Receipts* section of the updated Bin card / Stock card.
Note: Please include all commodities irrespective of the supplier from whom they were sourced. Stocks received from other health facilities are considered as stock transfers and listed in the Adjustments column.

Total Quantity Received - from other sources (e.g. local suppliers): In the respective column, enter the total quantity, in units as specified in the Unit of Issue column, of each usable laboratory commodity received by your facility from other sources (e.g. the Sub-county store, partners, donors, local suppliers), during the reporting month under consideration. If no stock was received at the facility during the month, enter a zero ("0") in this column.
The Quantity received is obtained from the *Quantity Received or Receipts* section of the updated Bin card / Stock card.

Quantity Used: Enter the total Quantity, in units, of each laboratory commodity used/consumed in the facility during the reporting month. If no commodity was used during the month, enter a zero ("0").

The Quantity used is obtained from the *Daily Activity Register for Laboratory Regents and Consumables* (MOH 642) or equivalent records of consumption in the facility. If several pages of the DAR have been used over the month, be sure to aggregate the figures across all the pages used that month for each laboratory reagent or consumable.

Losses and wastage: Enter the total Quantity, in units, of each laboratory commodity lost or wasted at the facility during the month, e.g. defective, damaged stock. The reason for the loss/wastage should be written in the "*Explain Losses & Adjustments*" section.

Adjustments [Positive, Negative]: Enter the total positive or negative adjustments for the month, for each laboratory commodity.
An **adjustment** is a change in stock balance for any reason other than reagents used in the laboratory or quantities received from suppliers.
Positive adjustment: Enter the quantity of each commodity that was added to the facility stock for any reason except receipt from the official supplier during the month. Examples: transfer of stock from another health facility to your facility, excess quantities counted when stock-taking.
Negative adjustment: Enter the quantity of each commodity that was removed from the facility stock for any reason except use in laboratory testing or loss/wastage. Examples: transfer of stock from your facility to another health facility, quantities of stock found to be missing when stock-taking, quantities used for training purposes.
Adjustments should be recorded in the Bin card when they occur. The reason for the adjustment should be written in the "*Explain Losses & Adjustments*" section.

End of Month Physical count: At the end of each month, conduct a physical count of each laboratory commodity, irrespective of its source. Enter the total Quantity, in units, of each laboratory commodity counted in the facility at the end of the reporting month. If there is no stock at the facility for a commodity, enter a zero ("0").
NB: Report any differences between the Physical count and the expected Stock Balance in the Bin card as Adjustments or Losses. The reason for the adjustments or losses should be written in the "*Explain Losses & Adjustments*" section.

Quantity requested for Re-supply: Calculate the quantity, in units, for each ART laboratory reagent or consumable that your health facility should order, guided by the following formula:-

- Multiply the reported *Quantity used* by 4
- Subtract this value from it the *End of month Physical count*
- This gives the *Quantity requested*.

Indicate Machine at the Facility as appropriate [Haematology Analyser in use OR Biochemistry Analyser in use]: For Hematology and Biochemistry sections, indicate the relevant machine that your health facility is using.

Comments: Use this space to explain losses and adjustments that have been reported as explained above. Additional remarks related to the commodities reported may also be made, e.g. need for stock re-distribution to prevent expiry.

Order for extra LMIS tools: Use this section to request for additional DAR or F-CDRR books only when the tools in the facility are nearly full. Indicate quantity required for each type of tool.

Filled by: For the person who has filled in this form; write your name, designation, telephone contact, and date that the report was prepared, and sign the form.

Approved by: Take the report to the Facility in-charge (or other authorized person) for review. Once reviewed, this person should write their name, designation, telephone contact, and date that the report was approved, and sign the form.
The signature of the programme manager or other authorised persons confirms that the report has been reviewed and is valid.

To send the completed report to the national level each month:

- **To the Facility**: Forward the **Original and duplicate copies** of the report to your **Sub-county lab coordinator (SCLC)**.
- **To the Sub-county lab coordinator**: Ensure that the **report reaches NASCOP by the 5th of every month**.
  You may use the following means of submission:

Means of submission	Instructions
Online	Post the report online as follows:- • DHIS2: go to the Kenya Health Information System website (www.hiskenya.org), and log in. • Under the *Apps* menu, go to *Data Entry*, then select the relevant *Organization unit* (i.e. the health facility), *Dataset* (this reporting form – MoH643) and the reporting *Period*. • Key in the data. • Click on *Run Validation* to check for data entry errors. • Click *Complete* to save and submit.

- Retain the Triplicate book copy in the facility for your records.

MINISTRY OF HEALTH

FACILITY CONSUMPTION DATA REPORT and REQUEST (F-CDRR) for LABORATORY MONITORING REAGENTS

MoH 643B Ver 2017

Name of Facility: _____ **Facility (MFL) Code:** _____ **Sub-County:** _____ **County:** _____

Report for Month:- **Beginning:** _____ (dd/mm/yyyy) **Ending:** _____ (dd/mm/yyyy)

State the number of Tests conducted during the Reporting month:-

CD4 for Adults (=>15 Yrs): _____ **CD4 for Children (<15 Yrs):** _____ **Haematology:** _____ **Biochemistry:** _____

Commodity Name	Unit of issue	Beginning Balance	Total Quantity Received This Month - from Central Warehouses (e.g. KEMSA)	Total Quantity Received - from other sources (e.g. local suppliers)	Total Quantity Used (including QA/QC and Repeats)	Number of Tests done	QA/QC and repeats	Losses and Wastage	Adjustments		Quantity expiring within the next 6 months	Days out of Stock this month	End of Month Physical Stock Count	Quantity Requested for Re-supply
									Positive	Negative				
FACS Calibur reagents and consumables														
Tri-TEST CD3/CD4/CD45 with TruCOUNT Tubes	Tests													
Thermal Roll	pieces													
Cyflow Partec reagents														
EASY Count CD4 % reagent	Tests													
Point of Care CD4 reagents (e.g. PIMA, Facs presto etc)														
PIMA Cartridges	Tests													
PIMA Control beads	Pair													
BD FACS PRESTO Cartridges	Tests													
Viral load														
Xpert HIV-1 Quantitative Catridge	Tests													
Haematology														
Indicate the type of equipment in your facility (e.g. Celtac 6400, Coulter, Celtac 8222, etc)														
Full haemogram	Tests													
Haemoglobin	Tests													
Biochemistry														
Indicate the type of equipment in your facility (e.g. BTS 330/310/305, Urolyser, Humalizer 2000/3000, C111 Cobas, etc)														
Albumin	Tests													
Alkaline phosphatase	Tests													
ALT (SGPT)	Tests													
AST (SGOT)	Tests													
Creatinine	Tests													
Potassium	Tests													
Sodium	Tests													
Chloride	Tests													
Gamma GT	Tests													
Glucose test strips	Pcs													
HDL Cholesterol	Tests													
Pregnancy test strips	Pcs													
Serum Amylase test kit	Tests													
Serum protein kit	Tests													
Total Cholesterol	Tests													
Triglycerides	Tests													
Bilirubin	Tests													
Urea	Tests													
Comments: (Explain ALL Losses and Adjustments)														

Filled by (name):		**Signature:**		**Designation:**		**Telephone/ Mobile:**		**Date Filled:**	
Approved by:		**Signature:**		**Designation:**		**Telephone/ Mobile:**		**Date Approved:**	