On the approval of the rules for mandatory confidential medical examination for HIV infection

Order of the Minister of Health of the Republic of Kazakhstan dated November 27, 2020 No.ҚR DSM-211/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on November 30, 2020 No. 21692

In accordance with paragraph 2 of Article 162 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On people's health and the health care system" I ORDER:

1. To approve the rules of compulsory confidential medical examination for HIV infection in accordance with the appendix to this order.

2. To recognize as invalid the Order of the Minister of Health and Social Development of June 15, 2015 No. 508 "On approval of the Rules of mandatory confidential medical examination for HIV infection of persons for clinical and epidemiological indications" (registered in the Register of State Registration of Regulatory Legal Acts of the Republic of Kazakhstan No.11803, published on August 6, 2015 in the information and legal system "Adilet").

3. The Department of Medical Aid Organization of the Ministry of Health of the Republic of Kazakhstan, in accordance with the procedure established by the legislation of the Republic of Kazakhstan, shall ensure:

1) state registration of this order with the Ministry of Justice of the Republic of Kazakhstan;

2) posting this order on the Internet resource of the Ministry of Health of the Republic of Kazakhstan after its official publication;

3) within ten working days after the state registration of this order with the Ministry of Justice of the Republic of Kazakhstan, submission to the Legal Department of the Ministry of Health of the Republic of Kazakhstan information on the implementation of the measures provided for in subparagraphs 1 and 2) of this paragraph.

4. Control over the execution of this order shall be entrusted to the supervising vice minister of health of the Republic of Kazakhstan.

5. This order comes into force upon the expiration of ten calendar days after the day of its first official publication.

Minister of Health of the Republic of Kazakhstan ***A. Tsoi***

Approved by order of the Minister of Health of the Republic of Kazakhstan dated November 27, 2020 No. ҚР DSM-211/2020

Rules of mandatory confidential medical examination for HIV infection

Chapter 1. Basic Provisions

1. These rules of mandatory confidential medical examination for HIV infection (hereinafter referred to as the Rules) have been developed in accordance with paragraph 2 of Article 162 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On people's health and the health care system" (hereinafter referred to as the Code) and determine the procedure for conducting a mandatory confidential medical

examination for the presence of HCI infection within the guaranteed volume of free medical care in public health organizations operating in the field of HIV infection prevention.

2. The following concepts are used in these Rules:

1) HIV infection - a chronic infectious disease caused by the human immunodeficiency virus, characterized by a specific damage to the immune system and leading to its slow destruction until the formation of acquired immunodeficiency syndrome;

2) examination according to clinical indications for the presence of HIV infection - a mandatory confidential medical examination of persons with clinical indications (opportunistic diseases, syndromes and symptoms indicating the possibility of contracting HIV infection) with informed consent;

3) examination for epidemiological indications for the presence of HIV infection - a mandatory confidential medical examination of persons due to the epidemiological situation in a certain territory, environments and certain groups of the population and during an epidemiological investigation of a case of HIV infection with informed consent;

4) a state healthcare organization carrying out activities in the field of HIV prevention - an organization that conducts compulsory, voluntary anonymous and (or) confidential medical examination and counseling on HIV infection;

5) the republican state health organization that carries out activities in the field of HIV prevention (hereinafter - RGOZ) - a health organization that conducts screening, expert, arbitration studies for HIV infection and other laboratory tests.

6) potential recipient - a patient who needs transplantation of tissues (part of tissue) and (or) organs (part of an organ);

7) potential sources of infection - people from whom HIV can be transmitted to another person under certain conditions: sexually, parenterally (using non-sterile instruments, blood transfusion, transplantation, contact with biomaterial), vertical transmission from mother to child;

8) confidential medical examination - examination based on the observance of the secrecy of the medical worker and the preservation of information about the identity of the examined person;

9) key population groups - population groups that are at an increased risk of contracting HIV infection due to the characteristics of their lifestyle;

10) seronegative window - the period from the moment of infection to the appearance of antibodies, lasts from two weeks to three months.

Chapter 2. The procedure for conducting mandatory confidential medical examination for HIV infection

3. Before the mandatory confidential medical examination of persons for HIV infection, a doctor or specialist who has undergone special training in counseling conducts pre-test counseling with obtaining informed consent for testing, counseling and entering personal data into the information system of a medical organization carrying out blood sampling.

4. Blood sampling for compulsory confidential medical examination for HIV infection is carried out in health care organizations, regardless of the form of

ownership and departmental affiliation, using an identity document, and is sent to the territorial health organizations operating in the field of HIV prevention for research.

5. Research for the presence of HIV infection is carried out in accordance with the procedure for diagnosing HIV infection in adults and children over 18 months of age in accordance with paragraphs 6-20 of these Rules.

6. The procedure for diagnosing HIV infection in adults and children over 18 months of age includes two stages - the first and confirming.

7. The first stage: during the primary study (hereinafter - T1), the viral antigen p24 and antibodies to HIV of the first and second types are simultaneously determined by the method of enzyme immunoassay (hereinafter - ELISA) or immunochemiluminescent analyses (hereinafter - CLIA), or electrochemiluminescence analysis (hereinafter - ECLA) .At the first stage, test systems are used with a diagnostic sensitivity of 100% (the lower limit of the 95% confidence interval is at least 99%); diagnostic specificity - not less than 99% (lower limit of 95% confidence interval - not less than 98%); analytical sensitivity - no more than 2 IU / ml (minimum amount of p24 antigen). With each setting for the determination of markers of HIV infection by the serological method, in addition to the control samples attached to the set, a setting inside the laboratory control is carried out with a positivity coefficient (OP / OPcrit) in the range of 2.0–2.5 to assess the stability of the process.

8. If a negative T1 result is obtained, the subject is given a "HIV negative" result. The test subject receives a negative result at the place of blood sampling upon presentation of an identity document within 3 working days from the moment the blood sample is received for research in the laboratory . Before issuing the result, post-test counseling is carried out.

9. If a positive T1 result is obtained, a second study is carried out (hereinafter - T2) using a test system different from T1, or ET. It is allowed to use third and fourth generation tests.

10. If T2 is negative, retest the same sample using T1 and T2 tests.

11. If two negative results are obtained in a repeated study, the result is "HIV negative".

12. Upon receipt of two positive test results, a serum sample with a volume of at least 1 ml is sent to the laboratory of the Russian Geological Society for conducting confirmatory studies no later than three working days from the moment of the last setting.

13. If conflicting research results (T1 +, T2-) are obtained, the result is considered doubtful. After 14 calendar days, a repeated blood sampling and testing for HIV infection is carried out, according to stage 1 of the procedure for diagnosing HIV infection in adults and children over 18 months of age (RGOZ transfers information about a dubious result for HIV infection to the territorial state health organization that carries out activities in the field of HIV prevention, for retesting for HIV).

14. If a second questionable result for HIV infection is received after 14 calendar days, additional studies are carried out using other serological tests. A negative result is given for two negative results out of three studies conducted. A

positive result is given for two positive results out of three studies conducted. In case of examining pregnant women, molecular biological tests are additionally used (quantitative determination of HIV ribonucleic acid (hereinafter - RNA) with a test sensitivity of no more than 50 copies / ml or determination of HIV proviral deoxyribonucleic acid (hereinafter - pDNA)).

15. Confirmation stage: confirmation of primary-positive samples from territorial state health organizations carrying out activities in the field of HIV prevention is carried out by ELISA or CLIA or ET and a confirmatory immune blot (hereinafter - IB) or an immunochromatographic test with a HIV protein profile (2 ENV , GAG , POL) in the laboratory of the Russian Geographical Society.

When the RGOZ laboratory receives a biomaterial from a blood service organization with a positive result of the polymerase chain reaction (hereinafter - PCR) and a negative or doubtful result of ELISA or CLIA or ECLA, an additional study is carried out using molecular biological tests to identify HIV infection during the seronegative window ... The examined donor is under serocontrol in the territorial state health organization, which carries out activities in the field of HIV prevention until the diagnosis is confirmed or excluded.

16. If a negative result is obtained in ELISA or CLIA or ET in the laboratory of the Russian State Pedagogical University, the information is transferred to the territorial state health organization carrying out activities in the field of HIV prevention, for repeated blood sampling and HIV testing after 14 calendar days, according to the procedure ia diagnosis of HIV infection in adults and children over 18 months of age (stage 1).

17. If a positive result is obtained in ELISA or CLIA or ET, a confirmatory test is carried out in the laboratory of the Russian State Pedagogical Society: IB or immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL).

18. If a negative IB result or an immunochromatographic test with an HIV protein profile (2 ENV, GAG, POL) and a positive result in ELISA or CLIA or ET is obtained, a second study is carried out after 1 or 3 months, according to the procedure for diagnosing HIV infection in adults and children over 18 months of age sequentially, starting from the first stage. In the absence of positive dynamics of titers of antibodies to HIV in ELISA or CLIA and negative IB after 3 months, a PCR study is performed.

19. If a questionable IB result or an immunochromatographic test with an HIV protein profile (2 ENV, GAG, POL) is obtained and a positive result in ELISA or CLIA or ET, a second study is carried out after 14 calendar days or 1 month, in accordance with the procedure for conducting diagnostics HIV infections in adults and children over 18 months of age are sequential, starting from the first stage.

If there is no positive dynamics of titers of antibodies to HIV in ELISA or CLIA and doubtful IB after 1 month, a PCR study is performed. At the first questionable result of IB of pregnant women in the late stages of testing, the issue of additional testing is decided on an individual basis.

In case of a negative PCR result (RNK HIV), a second study is carried out after 14 calendar days.

With a positive result of PCR (HIV RNA) in pregnant women in the third trimester, antiretroviral therapy is prescribed.

In the absence of positive dynamics of titers of antibodies to HIV in ELISA or CLIA and IB and a negative result of PCR, within a period of no more than 3 months, the issue of a nonspecific reaction to HIV antibodies or serocontrol will be resolved.

20. If a positive IB result or an immunochromatographic test with an HIV protein profile (2 ENV, GAG, POL) is obtained, the result "HIV antibodies detected" is issued to the territorial health organization that carries out activities in the field of HIV prevention. The IB number and the date of issue are entered in the result form intended for the medical organization where the blood sample of the examined person was taken. Persons with previously diagnosed HIV infection is excluded conducting re-examination confirmatory test (IB or immunoassay those item from Prospect of Item HIV proteins (2 ENV, the GAG, POL)) within the guaranteed volume of free medical care.

The IB result is issued within 15 working days from the date of receipt of the blood sample at the laboratory performing the primary test for HIV infection.

21. A positive test result for HIV infection, the examinee receives in the territorial health organization carrying out activities in the field of HIV prevention, with the conduct after test counseling, including: assessment of the consequences of testing, determination of the presence or absence of individual risk factors, provision of information on ways transmission of HIV and methods of protection, types of assistance available to the HIV-infected.

22. During the post-test counseling, the following is assessed: the risk of suicide, depression and other consequences for mental health as a result of the diagnosis of HIV infection; the risk of intimate partner violence for women diagnosed with HIV infection, the consequences of disclosure. N When there is stress, aggressive reaction, depression, the patient is given a psychologist.

23. A doctor or psychologist of a healthcare organization that has identified the fact of HIV infection warns of administrative and criminal liability for infecting other persons in accordance with Article 429 of the Code of the Republic of Kazakhstan "On Administrative Offenses" dated July 5, 2014 and Article 118 of the Criminal Code of the Republic of Kazakhstan dated July 3, 2014, with the patient signing a confidential interview sheet, developed in accordance with subparagraph 31) of Article 7 of the Code.

24. In case of a positive HIV test result, a written informed consent is taken from the person to enter personal data into the electronic tracking system (hereinafter - ES). In case of refusal to enter personal data, the following are entered into the ES system: the number and date of the immune blot, initials, date of birth, data from the epidemiological history.

25. The results of testing for HIV infection in donors, performed in the laboratory of the RGOZ, are sent to the healthcare organization carrying out activities in the field of blood services, which sent the serum for confirmation tests, and to the healthcare organization carrying out activities in the field of HIV prevention, for province SIC anti-epidemic measures.

26. Medical organizations that performed transplants and blood transfusions submit lists of recipients for testing for HIV infection:

in the organization of primary health care at the place of attachment - within three days after discharge or after performing assisted reproductive technologies.

If the recipients live outside the region, the city of republican significance or the capital, the medical organization sends the list of recipients to the healthcare organization carrying out activities in the field of HIV prevention at the place of hospitalization, which subsequently transmit data to the healthcare organizations carrying out activities in the field of HIV prevention -infections, at the place of residence of the recipient;

in healthcare organizations carrying out activities in the field of HIV prevention - monthly, until the 3rd day of the month following the reporting one.

In cases of lethal outcome, data on the recipient is transferred to the territorial healthcare organization carrying out activities in the field of HIV prevention at the place of hospitalization on a monthly basis, by the 3rd day of the month following the reporting one.

27. The examination of children born to HIV-infected mothers from mothers with an undetermined HIV status is carried out in accordance with paragraphs 28 - 37 of these Rules.

28. The first examination of children born to HIV-infected mothers is carried out at the age of 48 hours from birth by PCR for the presence of HIV proviral DNA (hereinafter - HIV pDNA). When examining children under 18 months of age for epidemiological indications, the first study of the biomaterial by the PCR method is carried out at the time of the appearance of epidemiological indications, regardless of age. Used material for research (a sample of a dry drop of capillary blood (hereinafter referred to as DDCBS) or whole blood with ethylenediamineteteraacetic acid (hereinafter referred to as EDTA) with a volume of at least 1 ml) is sent to the laboratory of the Russian State Pedagogical University. The study of blood from the umbilical cord is excluded.

29. If a negative result is obtained before the age of 48 hours, a second PCR test (HIV pDNA) is performed at the age of 6 weeks. A sample of the biomaterial (whole blood with EDTA or DDCBS) is sent to the laboratory of the Russian State Geological Society.

30. If a negative result is obtained at 6 weeks, a monthly clinical observation of the child's condition is carried out in the organization of primary health care by a pediatrician in conjunction with a specialist in a health care organization working in the field of HIV prevention.

31. The third PCR test for the presence of HIV pDNA is carried out at the age of 9 months in the absence of clinical manifestations of HIV infection in the child. In the presence of clinical symptoms of HIV infection, an additional study is carried out to identify HIV pDNA, regardless of age.

32. Upon receipt of a positive result of a PCR study for the presence of HIV pDNA at any stage of the procedure for diagnosing HIV infection in children from 0 to 18 months , a repeated sampling of biomaterial is carried out within 14 calendar days (blood plasma with EDTA, volume of at least 1 , 2 ml). A sample of biomaterial

is sent to the laboratory of the Russian State Pedagogical University for quantitative determination of HIV RNA in blood plasma (hereinafter referred to as viral load of RNA in IC) by PCR.

33. If the viral load of HIV RNA is more than 5000 copies in 1 ml of plasma, the result is considered positive, and the diagnosis of HIV infection is made.

34. If the viral load of HIV RNA is less than 5000 to opium in 1 ml of plasma, the test result is considered uncertain. A PCR study is carried out for the presence of HIV pDNA within the time frame specified in clauses 29 and 31 of these Rules.

35. If a negative PCR result (HIV pDNA) is obtained at 9 months, the child is examined by ELISA or CLIA, or ECLA at the age of 18 months. Material for research (blood serum of at least 1 ml) is sent to the laboratory of the Russian State Pedagogical University.

36. In case of a negative test result by ELISA or CLIA or ECLA, the child is removed from the register.

37. In case of a positive result of the study by ELISA or CLIA or ECLA in a child aged 18 months, additional studies are carried out in accordance with paragraphs 6-20 of these Rules.

38. Examination according to clinical indications for the presence of HIV infection is carried out for persons who have the following diseases, syndromes and symptoms:

1) an increase in two or more lymph nodes lasting more than 1 month, persistent, generalized lymphadenopathy;

2) fever of unknown etiology (persistent or recurrent for more than 1 month);

3) unexplained severe cachexia or severe eating disorders that do not respond well to standard treatment (in children), unexplained weight loss of 10% or more;

4) chronic diarrhea for 14 days or more (in children), unexplained chronic diarrhea lasting more than a month;

5) seborrheic dermatitis, itchy papular rash (in children);

6) angular cheilitis;

7) recurrent infections of the upper respiratory tract (sinusitis, otitis media, pharyngitis, tracheitis, bronchitis);

8) shingles;

9) any disseminated endemic mycosis, deep mycoses (coccidioidosis, extrapulmonary cryptococcosis (cryptococcal meningitis), sporotrichosis, aspergillosis, isosporosis, extrapulmonary histoplasmosis, actinomycosis and others);

10) pulmonary and extrapulmonary tuberculosis, including disseminated infection caused by atypical mycobacteria, except for tuberculosis of peripheral lymph nodes when diagnosing and then testing for HIV infection is carried out every 6 months;

11) hairy leukoplakia of the oral cavity, linear erythema of the gums;

12) severe lingering recurrent pneumonia and chronic bronchitis, not amenable to conventional therapy (two or more times during the year), asymptomatic and clinically expressed lymphoid interstitial pneumonia;

13) sepsis, lingering and recurrent purulent-bacterial diseases of internal organs (pneumonia, pleural empyema, meningitis, meningoencephalitis, infections of bones and joints, purulent myositis, salmonella septicemia (except typhoid fever), stomatitis, gingivitis), periodontitis and others

14) pneumocystis pneumonia;

15) infections caused by the herpes simplex virus, with damage to internal organs and chronic (lasting more than one month from the moment of illness) damage to the skin and mucous membranes, including the eyes;

16) cardiomyopathy;

17) nephropathy;

18) encephalopathy of unknown etiology;

19) progressive multifocal leukoencephalopathy;

20) Kaposi's sarcoma;

21) neoplasms, including lymphoma (of the brain) or B - cell lymphoma;

22) toxoplasmosis of the central nervous system;

23) canidosis of the esophagus, bronchi, trachea, lungs, mucous membranes of the mouth and nose;

24) disseminated infection caused by atypical mycobacteria;

25) cachexia of unknown etiology;

26) protracted recurrent pyoderma, not amenable to conventional therapy;

27) severe chronic inflammatory diseases of the female genital area of unclear etiology;

28) invasive neoplasms of the female genital organs;

29) mononucleosis 3 months after the onset of the disease;

30) sexually transmitted infections (syphilis, chlamydia, trichomoniasis, gonorrhea, genital herpes, viral papillomatosis and others);

31) viral hepatitis B and C;

32) extensive confluent condylomas;

33) molluscum contagiosum with extensive eruptions, giant disfiguring molluscum contagiosum;

34) primary dementia in previously healthy individuals;

35) patients with hemophilia and other diseases, systematically receiving transfusion of blood and its components;

36) generalized cytomegalovirus infection.

39. Survey on epidemiological indications for the presence of HIV infection is carried out:

1) donors of biomaterial - within a period not exceeding 10 calendar days from the date of examination for HIV infection to the operation to remove biomaterial for the purpose of transplantation or transplantation procedure, assisted reproductive technology; blood donors are tested for HIV on the day of each donation;

2) to recipients of biomaterial - within a period of not more than 10 calendar days from the date of examination for HIV infection to transplantation of donor biomaterial or blood transfusion and again 1 and 3 months after. The dates of examination of recipients for HIV infection after 1 and 3 months are indicated in the discharge summary after the end of inpatient treatment. In case , if the pas cient gets

repeated blood transfusions during one hospitalization, that HIV testing is carried out before the first transfusion and at 1 and 3 months after completion of the course. Persons with a long- term blood disease receiving regular blood transfusion are subject to testing for HIV infection upon diagnosis and then every 6 months;

3) persons on hemodialysis - every 6 months;

4) sexual partners of HIV-infected and partners in joint use of injecting drugs - once upon detection of HIV infection in a partner by ELISA or rapid tests and then, with continued contact - 2 times a year;

5) key population groups when seeking medical care in the organization of health care; people who inject drugs (hereinafter - PWID) - when registering with medical organizations that provide medical and social assistance in the field of mental health, and then - 2 times a year; upon referral or admission to inpatient drug addiction treatment or rehabilitation - regardless of the date of the last test;

6) to persons under arrest and convicted upon admission to pre-trial detention centers, correctional institutions of the penal system, 6 months after admission to the above-mentioned institutions, before release, if desired during the period of detention in a pre-trial detention center or correctional institution, if there is sexual or parenteral contact with an HIV-infected person;

7) children born to HIV-infected mothers, from mothers with an unknown HIV status in accordance with the procedure for diagnosing HIV infection in children from 0 to 18 months in accordance with paragraphs 28-37 of these Rules;

8) to persons injured as a result of an emergency situation associated with the ingress of infected material or biological substrates on damaged or undamaged skin, mucous membranes, injuries (injections, cuts of the skin with medical instruments that have not undergone disinfection ionic treatment) during medical procedures and persons, exposed to the risk of infection during sexual intercourse and other circumstances at the time of treatment and further after 1 and 3 months from the date of contact. Persons -n A potential sources of infection for bsleduyutsya HIV once during the registration of an emergency; victims in an emergency are examined by express tests at the time of the accident and by the ELISA method 1 and 3 months after. All emergency situations are recorded in a log developed in accordance with subparagraph 31) of Article 7 of the Code;

9) medical workers who performed invasive methods of diagnosis and treatment upon admission to work and then once a year when undergoing a medical examination;

10) servicemen in the units of the Ministry of Defense, the Ministry of Internal Affairs, the National Security Committee and other troops and military formations of the Republic of Kazakhstan, as well as those entering military service under contract and conscription, including applicants for military educational institutions;

11) for pregnant women:

twice - when registering for pregnancy and within 28-30 weeks;

before termination of pregnancy in case of abortion, spontaneous miscarriage or frozen pregnancy;

admitted to the organization of obstetric aid for childbirth without the results of a double examination for HIV infection;

examined once - more than three weeks before admission to childbirth;

those who gave birth outside the obstetric organizations;

related to key groups ;

have an HIV positive sex partner or an injecting drug user;

12) persons, upon admission to reception centers, special reception centers, centers of social adaptation for persons without a definite place of residence, centers for adaptation of minors;

13) the sexual partners of a pregnant woman once when registering a pregnant woman;

14) to persons from the nosocomial focus: if more than three months have passed since discharge from the healthcare organization , the contact persons undergo a single examination for the presence of HIV infection and, if the result is negative, the observation is terminated;

15) for children under 16 years of age when HIV infection is detected in a woman and mother when HIV infection is detected in children under 16 years old, to identify cases of infection of a woman in the postpartum period with the risk of infection of a child through breastfeeding.

40. Examination for epidemiological indications for the presence of HIV infection by an express test that detects the viral antigen p24 and antibodies to HIV of the first and second types, followed by examination of the blood sample in ELISA or CLIA or ECLA in accordance with the procedure for diagnosing HIV infection in adults and children over 18 months of age, in accordance with clauses 6-20 of these Rules, is carried out:

1) taken women who were admitted to childbirth without the results of a double examination for HIV infection; examined once or more than three weeks before admission to childbirth; related to key groups; have an HIV-positive sexual partner or partner who injects drugs or gave birth outside of a health facility;

2) victims in emergency situations and persons - potential sources of infection in order to determine HIV status, assess the degree of risk and prescribe post-exposure antiretroviral prophylaxis;

3) key groups of the population when contacting healthcare organizations that carry out activities in the field of HIV prevention. In the case of a positive result of the express test , the person being examined is given post- flight counseling and is recommended to undergo an examination for HIV infection with the provision of an identity document;

4) persons without a fixed place of residence and (or) without identity documents, entering for treatment in inpatient conditions, emergency medical care before blood transfusions by the method of rapid HIV testing. The result of express testing is entered into the patient's hospital card. In case of a positive result of the express test , the information is sent to the territorial health organization, carrying out activities in the field of HIV prevention, for further work;

5) sexual partners of HIV-infected people and partners in joint injecting drug use. If the result of the express test is positive, confirmatory studies are carried out in ELISA or CLIA or ECLA with the presentation of an identity document;

6) PWID when contacting medical organizations that provide medical and social assistance in the field of psychological health protection or drug addiction doctors in primary health care organizations. With a positive result of the express test, a study is carried out in ELISA or CLIA or ECLA.

41. Compulsory testing for HIV infection of minors aged 16 and over is carried out at their request, incapacitated persons - with the consent of their legal representatives in accordance with paragraph 2 of Article 78 of the Code. If an HIV-infected person under the age of 18 is identified, his parents or legal representatives are notified.

42. Employees of foreign diplomatic missions, employees of foreign consular offices and other persons enjoying privileges and immunities on the territory of the Republic of Kazakhstan are screened for HIV infection only with their consent in accordance with paragraph 4 of Article 162 of the Code.

43. In healthcare organizations that carry out express testing for HIV infection, a record of all examinations and results is kept in a journal in accordance with Appendix 1 to these Regulations.

Appendix 1
to the rules of mandatory
confidential medical
examination for HIV infection

Logbook research on HIV rapid testing method (ET) Started "" _____ g. Completed ""

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Registration number	UIC ** / Surname, name, patronymic (if available)	Date of Birth	gender	survey code	ET name, series or lot, shelf life	Date and time of examination	Research material (serum, plasma, blood, saliva)
1	2	3	4	5	6	7	8

Table continuation

ET study result (positive / negative / invalid	Date and time of sending biomaterial to ELISA / CLIA	Study by ELISA or CLIA			Surname of the employee conducting the ET (legible)	Signature of the employee conducting the ET
		registration number	date of analysis	result		
9	10	11	12	13	14	15

Note:

* the journal is filled out in electronic format, storage period is 3 years.

** UIC is a unique identification code. In order to ensure anonymity, confidentiality, it is composed of the first 2 letters of the mother's name, the first 2 letters of the father's name, gender (1 - male or 2 - female) and the last two digits of the year of birth.

For example: mother - Gulnara, father - Renat, male, born in 1978, PEC - GURE 178