

**On amendments to some orders of the Ministry of Health of the Republic of Kazakhstan**

Order of the Minister of Health of the Republic of Kazakhstan dated January 26, 2022 No. ҚР ДСМ-6. Registered with the Ministry of Justice of the Republic of Kazakhstan on January 31, 2022 No. 26685

I ORDER:

1. To introduce the following changes into the order of the Minister of Health of the Republic of Kazakhstan dated November 25, 2020 No. ҚР DSM-203/2020 "On some issues of providing medical and social assistance in the field of mental health" (registered in the Register of State Registration of Normative Legal Acts under No. 21680) :

in the rules for dynamic observation, as well as the termination of dynamic observation of persons with mental, behavioral disorders (diseases), approved by Appendix 2 to the said order:

subparagraph 4) of paragraph 6 shall be stated as follows:

"4) when taking a person with PPR for dynamic observation, conducts an initial examination of the patient, determines the group of dynamic observation, the frequency of examinations, the need to organize the provision of special social services in the field of healthcare, draws up an individual treatment plan, an individual rehabilitation program and other measures taking into account an individual approach, data are entered into electronic information systems (hereinafter - EIS) in the form determined in accordance with the order of the Acting Minister of Health of the Republic of Kazakhstan dated October 30, 2020 No. ҚР DSM-175/2020 "On approval of the forms of accounting documentation in the field of healthcare" (registered in Register of state registration of normative legal acts under No. 21579);";

in the rules for conducting a medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication, approved by Appendix 3 to the said order:

Paragraph 2 shall be reworded as follows:

"2. The following definitions are used in these Rules:

1) narcotic drugs - substances of synthetic or natural origin included in the List of narcotic drugs, psychotropic substances and precursors subject to control in accordance with the legislation of the Republic of Kazakhstan, the Single Convention on Narcotic Drugs of 1961, as amended by it in accordance with the Protocol of 1972 on amendments to the Single Convention on Narcotic Drugs of 1961, in accordance with the Law of the Republic of Kazakhstan "On Narcotic Drugs, Psychotropic Substances, Their Analogues and Precursors and Measures to Counteract Their Illicit Trafficking and Abuse";

2) state of intoxication - a state that occurs as a result of acute intoxication with PAS and is characterized by a complex of mental, behavioral, vegetative and somato-neurological disorders;

3) medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication (hereinafter - medical examination) - an outpatient examination of a person in order to establish the state of narcotic, alcoholic intoxication and intoxication from other PAS;

4) medical worker - an individual who has a professional medical education and carries out medical activities;

5) psychoactive substances - substances of synthetic or natural origin (alcohol, narcotic drugs, psychotropic substances, their analogues, other intoxicating substances), which, when taken once, affect the mental and physical functions, human behavior, and with prolonged use cause mental and physical addiction;

6) digital document service - an object of the information and communication infrastructure of "electronic government", assigned to the operator and intended for the creation, storage and use of electronic documents in order to implement state functions and the state services arising from them, as well as in interaction with individuals and legal entities , receiving and providing services in electronic form.";

Paragraphs 6 and 7 shall be stated in the following wording:

"6. Establishing the fact of the use of a psychoactive substance and the state of intoxication is carried out around the clock in state medical organizations that have a medical worker who has received additional education in the field of health care on the issues of conducting a medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication, in the manner determined by the order of the Minister Health of the Republic of Kazakhstan dated December 21, 2020 No. KR DSM-303/2020 "On approval of the rules for additional and non-formal education of healthcare professionals, qualification requirements for organizations implementing educational programs for additional and non-formal education in the field of healthcare, as well as the rules for recognizing learning outcomes received by healthcare professionals through additional and non-formal education" (registered in the Register of State Registration of Regulatory Legal Acts under No. 21847).

7. Before conducting a medical examination, a medical worker identifies a person sent or who has come for a medical examination, having familiarized himself with his identity documents or electronic documents from the digital document service.

In the absence of documents of the person being examined, in the conclusion of the medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication (hereinafter referred to as the Conclusion), its special signs are indicated with the obligatory indication of the receipt of passport data from the words of the person who sent or the person being examined. The conclusion is filled in according to the form in accordance with Appendix 1 to these Rules.

The absence of identity documents or electronic documents from the digital document service is not a basis for denial of certification.

Establishing the identity of a person sent for a medical examination is not within the competence of a medical worker.";

the conclusion of a medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication, approved by Appendix 1 to the said Rules, shall be reworded in accordance with Appendix 1 to this order.

2. To introduce the following changes into the order of the Minister of Health of the Republic of Kazakhstan dated November 27, 2020 No. ҚР DSM-211/2020 "On approval of the rules for mandatory confidential medical examination for the presence of HIV infection" (registered in the Register of State Registration of Normative Legal Acts under No. 21692) :

in the rules of mandatory confidential medical examination for the presence of HIV infection, approved by the annex to the said order:

Paragraph 2 shall be reworded as follows:

"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 lesion of the immune system and leading to its slow destruction until the formation of acquired immunodeficiency syndrome;

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

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

5) the Republican State Health Organization, carrying out activities in the field of HIV prevention (hereinafter - RPHO) - a healthcare organization that conducts screening, expert, arbitration studies for HIV infection and other laboratory studies;

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

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

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

9) seronegative window - the period from the moment of infection to the appearance of antibodies, lasts from 2 weeks to 3 months;

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

11) digital document service - an object of the information and communication infrastructure of "electronic government", assigned to the operator and intended for the creation, storage and use of electronic documents in order to implement state functions and the state services arising from them, as well as in interaction with individuals and legal entities , receiving and providing services in electronic form.";

Paragraph 4 shall be amended as follows:

"4. Blood sampling for a mandatory confidential medical examination for the presence of HIV infection is carried out in healthcare organizations, regardless of the form of ownership and departmental affiliation, according to an identity document or an electronic document from a digital document service and is sent to public healthcare organizations operating in in the field of HIV prevention, WPHA for research.";

clauses 7, 8 and 9 shall be stated as follows:

"7. First stage: during the initial study (hereinafter - T1), antibodies to HIV of the first and second type and the p24 viral antigen are simultaneously determined by the method of enzyme-linked immunosorbent assay (hereinafter - ELISA) or immunochemiluminescent analysis (hereinafter - ICLA), or electrochemiluminescent analysis (hereinafter - ECLA) using test systems with diagnostic sensitivity - 100% (lower limit of 95% confidence interval - not less than 99%); diagnostic specificity - not less than 99% (lower limit of 95% confidence interval - not less than 98%); analytical sensitivity not more than 2 IU / ml (the minimum amount of p24 antigen), or using fourth-generation express tests, in accordance with paragraph 40 of these Rules, with sensitivity and specificity confirmed by the requalification of the World Health Organization.

If the result of the express test is positive, in medical organizations, after obtaining the informed consent of the person being examined for further examination, upon presentation of an identity card or using an electronic document from the digital document service, blood is taken for additional research in public health organizations operating in the field of HIV prevention by ELISA or IHLA or EHLA methods.

With a positive result of an express test conducted outside medical organizations, a referral is issued for a laboratory study of the service in the form No. 097 / y, approved in accordance with the order of the Acting Minister of Health of the Republic of Kazakhstan dated October 30, 2020 forms of accounting documentation in the field of health care" (registered in the Register of State Registration of Regulatory Legal Acts under No. 21579) (hereinafter - Order No. ҚR DSM-175/2020) to the laboratory of a state healthcare organization operating in the field of HIV prevention or RGHO for further examinations.

With each setting for the determination of markers of HIV infection by ELISA or ELISA or ECLA, in addition to the control samples included in the kit, a test is carried out inside the laboratory control with a positivity coefficient in the range of 2.0–2.5 to assess the stability of the process. For daily use of the rapid test, quality control is carried out using commercial controls or controls prepared by the "dried sample in vitro" method.

8. Upon receipt of a negative T1 result, the subject is given the result "HIV negative".

A negative result is received by the subject at the place of blood sampling upon presentation of an identity document or an electronic document from the digital document service, within 3 working days from the moment the blood sample is received for analysis by the laboratory. Post-test counseling is carried out before the result is issued.

9. Upon receipt of a positive T1 result, a second study (hereinafter referred to as T2) is performed using a test system that differs from T1, or a rapid test. Third and fourth generation HIV tests may be used.";

Paragraph 12 shall be amended as follows:

"12. Upon receipt of two positive test results, a serum sample with a volume of at least one milliliter is sent to the RPHO laboratory for confirmatory studies no later than 3 working days from the date of the last statement.";

clauses 14, 15, 16, 17, 18 and 19 shall be stated as follows:

"14. When re-testing after 14 calendar days, the study is carried out on test systems that differ from the previous tests used in the first test. If conflicting test results (T1+, T2-) are obtained, an additional study is conducted using a third serological test. A negative result is issued two negative results out of three tests conducted A positive result is issued based on two positive results out of three tests conducted. 50 copies/ml or determination of proviral deoxyribonucleic acid (hereinafter referred to as pDNA) of HIV).

15. Confirmatory stage: confirmation of primary positive samples from territorial public health organizations operating in the field of HIV prevention is carried out by ELISA or ELISA or express testing and confirmatory immune blot (hereinafter referred to as IB) or an immunochromatographic test with a profile of HIV proteins ( 2 ENV, GAG, POL) in the WPHA laboratory.

16. Upon receipt of a negative result in the ELISA or IHLA or express testing in the laboratory of the RPHD, the information is transferred to the territorial state health organization engaged in the prevention of HIV infection, for re-blood sampling and HIV testing after 14 calendar days, according to the procedure diagnosis of HIV infection in adults and children over 18 months (stage 1).

17. Upon receipt of a positive result in ELISA or ELISA or express testing in the laboratory of the RPHD, a confirmatory test is performed: IB or immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL).

18. Upon receipt of a negative result of IB or an immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL) and a positive result in ELISA or IHLA or a rapid test, a second examination is performed after 1 or 3 months, according to the procedure for diagnosing HIV infection in adults and children older than 18 months consecutively, starting from the first stage. In the absence of positive dynamics of antibody titers to HIV in ELISA or ELISA and negative IB, a PCR test is performed after 3 months.

19. Upon receipt of a doubtful result of an IB or an immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL) and a positive result in an ELISA or IHLA or an express test, a re-examination is carried out after 14 calendar days or 1 month, in accordance with the diagnostic procedure HIV infections in adults and children over 18 months of age consecutively, starting from the first stage.

In the absence of positive dynamics of antibody titers to HIV in ELISA or ELISA and doubtful IB after 1 month, a PCR test is performed. With the first doubtful result of IB in pregnant women at the later stages of testing, the issue of conducting additional testing on an individual basis is decided.

If the PCR result (HIV RNA) is negative, a second test is performed 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 antibody titers to HIV in ELISA or ELISA and IB and a negative result of PCR, the issue of a non-specific reaction to antibodies to HIV or serocontrol will be resolved within a period of not more than 3 months.

Paragraph 23 shall be reworded as follows:

"23. Health care organizations that have revealed the fact of HIV infection during a medical examination shall notify the subject in writing of the result obtained, inform them of the need to take precautionary measures aimed at protecting their own health and the health of others, and also warn of administrative and criminal liability for avoiding treatment and infection of other persons in accordance with Article 118 of the Criminal Code of the Republic of Kazakhstan, with the patient signing a confidential interview sheet with a person infected with HIV in the form No.

Paragraphs 25 and 26 shall be stated as follows:

"25. Initially positive or doubtful serum samples for HIV infection from the organization of the blood service are sent to the territorial state health organization, carrying out activities in the field of HIV prevention, within 2 working days from the date of the last setting, in compliance with the requirements of the labeling rules, packaging and the presence of an accompanying document.The volume of the sent serum sample is not less than two milliliters.

The study of primary positive or doubtful samples from the organization of the blood service is carried out in accordance with the procedure for diagnosing HIV infection in accordance with paragraphs 7-20 of these Rules.

Upon receipt by a laboratory of a territorial public health organization engaged in activities in the field of HIV infection prevention of biological material with a positive result of a polymerase chain reaction (hereinafter referred to as PCR) and a negative or questionable result of ELISA or ICLA or ECLA, an additional study is carried out using molecular biological tests with sensitivity less than 50 copies/ml to identify HIV infection during the seronegative window. The examined donor is under serocontrol in the territorial state healthcare organization that carries out activities in the field of HIV infection prevention until confirmation or exclusion of the presence of HIV infection markers.

The results of testing for HIV infection in donors are sent to the health organization operating in the field of blood service, which sent the serum for confirmatory studies.

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 3 days after discharge or performance of procedures for assisted reproductive technologies.

In the case of recipients living outside the region, city of republican significance or the capital, the medical organization sends the list of recipients to the healthcare organization operating in the field of HIV prevention at the place of hospitalization, which subsequently transfer data to healthcare organizations operating in the field of HIV prevention - infections, at the place of residence of the recipient;

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

In cases of death, data on the recipient are transferred to the territorial healthcare organization that carries out activities in the field of HIV prevention at the place of hospitalization on a monthly basis, before the 3rd day of the month following the reporting one.

Paragraph 32 shall be amended as follows:

"32. Upon receipt of a positive PCR test result for the presence of HIV pDNA at any stage of the procedure for diagnosing HIV infection in children from birth to 18 months, no later than 14 calendar days, a repeated sampling of biological material (blood plasma with EDTA, not more than less than 1.2 ml).A sample of biological material is sent to the laboratory of the Republican Health Organization for the quantitative determination of HIV RNA in blood plasma (hereinafter referred to as HIV RNA viral load) by PCR.";

Paragraphs 39 and 40 shall be stated as follows:

"39. An examination according to epidemiological indications for the presence of HIV infection is carried out:

1) to donors of organs (parts of an organ) and (or) tissues (parts of tissue), germ cells - within a period of not more than 10 calendar days from the date of the examination for HIV infection before the operation to remove biological material for the purpose of transplantation or a transplantation procedure, assisted reproductive technologies. Samples of donor blood and its components are examined for HIV infection in accordance with the order of the Minister of Health of the Republic of Kazakhstan dated October 2, 2020 No. ҚР ДСМ-113/2020 "On approval of requirements for medical examination of donors, safety and quality in the production of blood products for medical use "(registered in the Register of State Registration of Regulatory Legal Acts under No. 21362);

2) recipients of biological material - within a period of not more than 10 calendar days from the date of testing for HIV infection before transplantation of donor biological material or blood transfusion and again 1 and 3 months after transplantation. The dates of examination of recipients for HIV infection after 1 and 3 months are indicated in the discharge summary at the end of inpatient treatment. If the patient receives multiple blood transfusions during one hospitalization, then an HIV test is performed before the first blood transfusion and 1 and 3 months after the completion of the blood transfusion course. Individuals with long-term blood disorders receiving regular blood transfusions should be tested for HIV infection at diagnosis and every 6 months thereafter. Examination for the presence of markers of HIV infection of recipients of biological material is carried out in public health organizations that carry out activities in the field of HIV prevention;

3) persons on hemodialysis - every 6 months;

4) sexual partners of HIV-infected people and partners in the joint use of injecting drugs - once if HIV infection is detected 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 a healthcare organization; people who inject drugs (hereinafter - PWID) - when registering with organizations providing medical care in the field of mental health and then - 2 times a year; upon referral or admission for treatment or rehabilitation in an inpatient setting in organizations providing medical care in the field of mental health - regardless of the date of the last test;

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

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

8) persons injured as a result of an emergency situation associated with the contact of infected material or biological substrates with damaged or undamaged skin, mucous membranes, injuries (injections, cuts of the skin with medical instruments that have not undergone disinfection) when performing medical and non-medical manipulations and persons exposed to the risk of infection through sexual contact at the time of treatment and further after 1 and 3 months from the date of contact. Persons who are potential sources of HIV infection are examined by express tests for HIV infection once when registering an emergency. Victims in an emergency are examined by express tests at the time of the accident and by ELISA or IHLA 1 and 3 months after the accident. All emergency situations are recorded in the emergency register during medical procedures in the form No. 049 / y, approved in accordance with order No. ҚR DSM-175/2020;

9) medical workers who carried out invasive methods of diagnosis and treatment upon admission to work and then 1 time per year when undergoing a medical examination, students of educational organizations in the field of healthcare, including technical and vocational education, post-secondary education and higher educational institutions 1 time per year;

10) military personnel in the subdivisions of the authorized body in the field of state aviation and territorial defense, internal affairs bodies, national security, other troops and military formations of the Republic of Kazakhstan, as well as those entering military service under a contract and conscription, including applicants for military educational institutions;

11) pregnant women:

twice - when registering for pregnancy and in the period of 28-30 weeks;

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

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

examined once - more than 3 weeks before admission for childbirth;

who gave birth outside the organization of obstetrics;

related to key groups;

having an HIV-positive sexual partner or partner who injects drugs;

12) to persons on the basis of requests from the prosecutor's office, investigation and (or) court;

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

14) persons from the nosocomial focus: if more than 3 months have passed since discharge from the healthcare organization, the contacts undergo a single examination for the presence of HIV infection and, if the result is negative, the observation is terminated;

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

40. An examination according to epidemiological indications for the presence of HIV infection with an express test that detects the p24 viral antigen and antibodies to HIV of the first and second types is carried out:

1) pregnant women admitted for childbirth without the results of a double examination for HIV infection; examined once or more than 3 weeks before admission for childbirth; related to key groups; having an HIV-positive sexual partner or a partner who injects drugs or who gave birth outside the organization of obstetrics with subsequent examination of a blood sample in ELISA or ELISA or ECLA in accordance with the procedure for diagnosing HIV infection in adults and children older than 18 months in accordance with paragraphs 6-20 of these Rules;

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

3) to key population groups when contacting healthcare organizations engaged in activities in the field of HIV prevention. In non-governmental organizations, an examination is carried out using an express test for perigingival fluid. In the presence of risk factors, the subject of his own free will be re-examined after 3 months;

4) persons without a fixed place of residence and (or) without identity documents, including those admitted for inpatient treatment, emergency medical care by rapid HIV testing. The result of express testing is entered into the medical record of the inpatient. If the result of the express test is positive, the information is sent to the territorial state health organization that carries out activities in the field of HIV prevention for further work;

5) sexual partners of HIV-infected people and partners in the joint use of injecting drugs. If the result of the express test is positive, confirmatory studies are carried out in the ELISA or IHLA or EHLA with the provision of an identity document or an electronic document from the digital document service;

6) PWID when applying to organizations providing mental health care or to narcologists in primary health care organizations using rapid capillary tests or perigingival fluid tests;

7) patients of centers and departments of hemodialysis, if it is impossible to conduct a laboratory test in the territorial public health organizations that carry out activities in the field of HIV infection prevention, every 6 months, followed by a blood sample in ELISA or ELISA or ECLA in accordance with the procedure for diagnosing HIV - infections in adults and children older than 18 months in accordance with paragraphs 6-20 of these Rules;

8) persons, when applying to medical organizations providing medical care on an outpatient basis to receive invasive procedures for clinical and epidemiological indications;

9) sexual partners of a pregnant woman once when registering a pregnant woman;

10) participants in biobehavioral studies, including when conducting epidemiological surveillance of prevalence among key populations;

11) participants in events and campaigns among the population for the prevention of HIV infection;

12) young people aged 16 to 29 when applying to youth health centers once a year;

13) persons, upon admission to reception centers, special reception centers, social adaptation centers for persons who do not have a fixed place of residence, centers for the adaptation of minors.

Paragraph 43 shall be amended as follows:

"43. The results of express testing are recorded in the register of HIV research by the method of express testing with data entered into the electronic medical record of an inpatient patient or into the medical record of an outpatient patient. Persons examined by the express method in a non-medical organization (non-governmental organizations, when conducting research or actions , anonymous) are also registered in the register of HIV research using the rapid testing method in accordance with the appendix to the Rules.";

the register of HIV tests by rapid testing, approved by Annex 1 to the said Rules, shall be reworded in accordance with Annex 2 to this Order.

3. The Department of Organization of Medical Assistance 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) placement of this order on the Internet resource of the Ministry of Health of the Republic of Kazakhstan;

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 of information on the implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph.

4. To impose control over the execution of this order on the supervising Vice Minister of Health of the Republic of Kazakhstan.

5. This order shall enter into force ten calendar days after the day of its first official publication.

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| *Minister of Health*  *Republic of Kazakhstan* | *A. giniyat* |

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|  | Annex 1 to the order  of the Minister of Health  of the Republic of Kazakhstan  dated January 26, 2022  No. ҚР ДСМ-6 |
|  | Appendix 1  to the rules of medical  examination  to establish the fact of  the use of a psychoactive  substance and the state of intoxication |

**The conclusion of a medical examination to establish**   
**the fact of the use of a psychoactive substance and the state of intoxication**

The survey on this fact is primary, repeated (underline as necessary).

1. Surname, name, patronymic (if any)

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Age (year of birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An identity document or an electronic document from the service

digital documents (if available)

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Place of work, position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By whom and when (exact time) sent for examination or applied

on one's own \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and exact time of examination

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Examined by whom (doctor, paramedic, nurse)

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2. Reason for examination:

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3. Appearance of the examined person:

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4. Behavior: tense, withdrawn, irritable, excited, aggressive, euphoric,

talkative, fussy, unstable mood, drowsy, lethargic, complaining about his

state, calm (underline as appropriate)

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5. State of consciousness, orientation in place, time, situation and one's own

personality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Speech ability: coherence of presentation, articulation disorders, blurring

speech \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Vegetative vascular reactions (the condition of the skin, mucous

membranes of the eyes, tongue, sweating, salivation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Breathing: fast, slow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ blood pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupils: constricted, dilated, reaction to light

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Nystagmus when looking to the side

8. Motor sphere \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facial expression: sluggish, lively \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gait (staggering, spreading legs when walking), walking in turns

(wobble when turning)

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Stability in the Romberg position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Precise movements (pick up a coin from the floor, finger-nose test)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trembling of the eyelids, tongue, fingers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are there signs of neuropsychiatric diseases, organic damage

brain, physical exhaustion. Injuries

(according to the witness)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Information about the last use of alcohol, psychoactive substances:

subjective, objective (according to documents, from words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. The smell of alcohol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. The presence of alcohol in the exhaled air and biological media of the body:

a) the air was examined on the device \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time and results of the study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

re-examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) biological environment(s) (urine, saliva, blood) were studied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ methods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time of sampling

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time and results of the study

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Other data of medical examination or submitted documents

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Conclusion (the state of the examined is qualified in the wording

provided for in paragraph 13 of the Rules for conducting a medical examination

to establish the fact of the use of a psychoactive substance and the state of intoxication):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the health worker who conducted the examination

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Familiarized with the result of the examination

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of the examined person)

I am familiar with the results of the examination, but refused to sign

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname, name, patronymic (if any) and signature of a medical worker

Witnesses (disinterested persons) (in the case when the person being examined

unable to assess the ongoing events and (or) refuses to pass

medical examination and (or) familiarization, and (or) signature):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature

|  |  |
| --- | --- |
|  | Appendix 2 to the order  of the Minister of Health  of the Republic of Kazakhstan  dated January 26, 2022  No. ҚР ДСМ-6 |
|  | Addendum  to the Rules for Mandatory  Confidential  Medical Testing  for HIV Infection |

**Journal of registration of research on HIV by the method of rapid testing**   
**Started " " \_\_\_\_\_\_\_\_. Finished "" \_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| registration number | PEC\*\* or Last name, first name, patronymic (if available) | Date of Birth | floor | examination code | Express test name, series or lot, expiration date | Date and time of examination | Material for research (serum, plasma, blood, perigingival fluid (saliva) | The result of the rapid test study (positive or negative or not valid | Date and time of sending the biological material for ELISA or ECHL or ECHL | Examination by ELISA or ICLA or ECHL | | | Surname of the employee conducting rapid testing (legible) | Signature of the employee conducting express testing |
| Registration number | Analysis date | result |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | eleven | 12 | 13 | 14 | 15 |

Note:

\* The journal is filled in electronic format, the period of storage is 3 years.

\*\* PEC is a unique identification code. In order to ensure anonymity, confidentiality is made up 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 ELISA - enzyme immunoassay. ICLA - immunochemiluminescent analysis. ECLA - electrochemiluminescent analysis.

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