

## A. Service Description

<b>Service Provided:</b>	HIV TESTING/SYPHILIS/HEPAB/STI ASSESSMENT (GONORRHEA)
<b>Simple, Complex, or Highly Technical</b>	SIMPLE
<b>Internal or External</b>	EXTERNAL
<b>Who may avail of Service</b>	GENERAL POPULATION, YOUNG KEY POPULATION 15-24 YEARS OLD (KEY AFFECTED POP)

# Final Citizen`s Charter

Checklist of Requirements	Where to Secure
IDENTIFICATION CARD	ANY GOV'T AGENCY (BRGY,PRC,LTO,ETC)
REFERRAL (IF ANY)	REFERRING DOCTOR

Client Steps (List Of Transactions to Get Service)	LGU's Actions For The Client's Step	Fees To Be Paid	Maximum Processing Time	Requirements	Legal Basis	Person Responsible
1. QUEUE NUMBER (WAIT TO BE CALLED)	PATIENT REGISTRATION	NONE	1 MINUTE	NONE		
2. PRE-COUNSELLING /SUBMIT SIGNED CONSENT FORM	HIV 101 / LECTURE EXPLAIN THE CONSENT	NONE	15 MINUTES	ID		RICA ANA MAGBALANA, RN
3. TESTING PROCEED TO EXTRACTION AREA/BLOOD EXTRACTION	EXTRACT BLOOD / TESTING ENCODING RESULT / GAS	NONE	30 MINUTES	HTS FORM OR CONSENT FORM		PETER FRANKLIN PRING / LEILANI VALEROS, RMT
4. PROCEED TO COUNSELLING / POST-COUNSELLING / RECEIVED OF RESULT	PROVIDE POST-COUNSELLING / RELEASE RESULT	NONE	10 MINUTES	ID		RYAND MALAPIT / LEOCANDIO DE LEON, RN

**NOTE :**

**HIV TESTING - 15 Y/O AND ABOVE**

**OTHER STI CASES- MINORS NEED PARENT'S / GUARDIAN'S CONSENT.**

**SYPHILIS REACTIVE- TPHA TESTING MUST BE DONE**

## A. Service Description

<b>Service Provided:</b>	SEXUALLY TRANSMITTED INFECTION (GONORRHEA), SYPHILIS, HEPA-B AND HIIV LINK TO CARE AND MANAGEMENT
<b>Simple, Complex, or Highly Technical</b>	SIMPLE
<b>Internal or External</b>	EXTERNAL
<b>Who may avail of Service</b>	PEOPLE LIVING WITH HIV (PLHIV)

# Final Citizen`s Charter

Checklist of Requirements	Where to Secure
ID	GOV'T AGENCIES (PRC,LTO,BRGY,ETC)
RESULT OF SPECIFIC INFECTION (HEPA-B, SYPHILIS, GONORRHEA OR HIV)	SOCIAL HYGIENE CLINIC OTHER HEALTH CENTER
REFERRAL / PRECRIPTION	OTHER HEALTH FACILITIES / DOCTORS

Client Steps (List Of Transactions to Get Service)	LGU's Actions For The Client's Step	Fees To Be Paid	Maximum Processing Time	Requirements	Legal Basis	Person Responsible
1. GET QUEUE NUMBER (WAIT TO BE CALLED)	PATIENT REGISTRATION	NONE	1 MINUTE	ID		
2. SUBMISSION OF RESULT / REFERRAL	ASSESSMENT / TREATMENT	NONE	1 HOUR	RESULT / PRESCRIPTION / REFERRAL		RICA ANA MAGBALANA, RN/LEOCADIO DE LEON, RN DIWATA ARRIOLA, MD

**NOTE:**

**SYPHILIS > SKINTEST MUST BE DONE (30 MINS)  
HEPA-B >ADDITIONAL LAB TEST MUST BE DONE IN CHO**

## A. Service Description

<b>Service Provided:</b>	ANTI-RETROVIRAL THERAPY REFILL
<b>Simple, Complex, or Highly Technical</b>	SIMPLE
<b>Internal or External</b>	EXTERNAL
<b>Who may avail of Service</b>	PLHIV ENROLLED IN TAUIG SOCIAL HYGIENE CLINIC AND SHC-DIC

# Final Citizen`s Charter

Checklist of Requirements	Where to Secure
ID	GOV'T AGENCIES, (PRC,LTO,BRGY)
MEDICATION BOOKLET	TAGUIG SOCIAL HYGIENE CLINIC AND SHC-DROP IN CENTER

Client Steps (List Of Transactions to Get Service)	LGU's Actions For The Client's Step	Fees To Be Paid	Maximum Processing Time	Requirements	Legal Basis	Person Responsible
1. QUEUE NUMBER (WAIT TO BE CALLED)	PATIENT REGISTRATION	NONE	1 MIN	ID		
2. PRESENT MEDICINE BOOKLET	REFILL OF MEDICINE ( ARV,VITAMINS,PROPHYLAXIS,ETC)	NONE	10 MINS	MEDICATION BOOKLET		RICA ANA MAGBALANA, RN LEOCADIO DE LEON, RN

**NOTE:**

- > IMMUNIZATION- 10 MINS
- > CD4 COUNT TESTING- 20 MINS
- > VIRAL LOAD TESTING- 1 DAY RESULT PROCESS