HIV

Alabama Department of Public Heath
Bureau of Clinical Laboratories
8140 AUM Drive PO Box 244018 Montgomery, AL 36124-4018

Form# 1571002

LAB - TESTING AGENCY

PATIENT INFORMATION

Patient's Last Name | **Patient's First Name** | **MI** | **Date of Birth** (/ /)

CHR Number

Birth Sex: Male; Female; Declined

Current Gender: Male; Female; Transgender Male to Female; Transgender Female to Male; Transgender Unspecified; Declined

Social Security Number (- -)

Date Specimen Collected (/ /)

Ethnicity (Choose only 1): Hispanic; Not Hispanic or Latino; Don't Know; Declined

Race – Check all that apply: Black/African American; White; American Indian/Alaskan Native; Hawaiian/Pacific Islander; Asian; Declined

Patient Address | ***Patient County*** | ***Apartment Number***

Patient City | **Patient State** | **Patient Zip Code** | **Patient Phone Number**

Provider Name | ***Site Code*** | ***Provider County*** | ***Provider Zip Code***

Provider Address | ***Provider City***

Test Technology: *Conventional*; *NAAT/RNA*; *Rapid*; *Other*

Specimen Type: *Blood finger stick*; *Blood venipuncture*; *Blood spot*; *Oral Mucosal transudate*; *Urine*

Date Received (/ /) ***Date Reported*** (/ /)

EIA HIV ½ Test Result: *Nonreactive*; *Reactive*; *Unsatisfactory*

Confirmatory Test Result: *HIV-1 Nonreactive*; *HIV-1 Reactive*; *HIV-1 Unsatisfactory*; *HIV-1 Indeterminate*

HIV 2 EIA Test Result: *HIV-2 Nonreactive*; *HIV-2 Reactive*; *HIV-2 Unsatisfactory*

PRE-TEST INFORMATION

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Previous HIV Test: Yes; No; Don't Know; Declined; Not Asked

Self-Reported Result: Positive; Negative; Preliminary Positive; Indeterminate; Don't Know

If Yes, What state?

First Positive Test HIV Date (/ /)

Last Negative HIV Test Date (/ /)

# of negative HIV tests within last 24 months?

Client Risk Factors (Choose only 1)

- Client refused to discuss risk factors
- Client was not asked about risk factors
- Client was asked, but no risk identified
- Risk factors were discussed
  - If Risk factors were discussed, was a risk reduction plan developed for this client? Yes; No

If Client Risk Factors were discussed, have client answer the following for the past 12 months:

	Vaginal or anal sex	Client used a condom?
with male	Yes; No	Yes; No
with female	Yes; No	Yes; No
with transgender	Yes; No	Yes; No
with male who is IDU	Yes; No	
with female who is IDU	Yes; No	
with transgender who is IDU	Yes; No	
with male who is HIV positive	Yes; No	
with female who is HIV positive	Yes; No	
with transgender who is HIV positive	Yes; No	

If female, did client have sex with an MSM? Yes; No

Has client used injection drugs?

- Yes
  - If Yes, did client share injection equipment? Yes; No
- No

Choose any additional risk factors that apply:

- Oral sex
- Sex with multiple partners
- Sex with person who had an STD
- Sex while intoxicated or high
- Sex with a person of unknown risk
- Sex with an anonymous partner
- Sex in exchange for drugs, money, or something they needed
- Sex with someone who exchanges sex for drugs, money, or something they need
- Sex with someone who has hemophilia, or had a transfusion or transplant

POST-TEST INFORMATION

POST-TEST NOTIFICATION

Result Provided

- No → If No, why not? Refused Results; Did not return
- Yes — Date Result Provided (/ /)

CDC REQUIRES THE FOLLOWING INFORMATION ON POSITIVES

Was client referred to medical care?

- No → If No, why not? Client already in care; Client declined care
- Don't Know
- Yes — If Yes, did client attend the first appointment? Yes; No; Don't Know
  - If Yes, was first appointment within 90 days of the HIV test? Yes; No; Don't Know

Was client referred to/contacted by *Partner Services*?

- No
- Don't know
- Yes
  - If Yes, was the client interviewed for Partner Services Yes; No; Don't know

Was client referred to *HIV Prevention Services?*

- No
- Don't Know
- Yes — If Yes, did client receive *HIV Prevention Services*? Yes; No; Don't Know

If female, is client pregnant?

- *No*
- *Don't know*
- *Yes* — *If Yes, is client in prenatal care?* Yes; No; Don't know

Did client take antiretrovirals (ARVs)? No; Don't Know; Refused; Yes

If Yes, ARV taken?

Date first used ARVs (/ /)

Date last used ARVs (/ /)

Did client elect to be tested? Yes; No

Date Form Completed (/ /)

Worker collecting patient information: (Last Name, First Name)

CONTROL COPY
Send to CENTRAL OFFICE
ADPH, 201 Monroe Street, Suite 1400, Montgomery, AL 36104

This does not go on form, BUT does go on HADIS.
Angela H. will add this information when she enters the AIDS Case Report.

For HIV/AIDS Central Office Use Only
Previously Reported In Surveillance System? ○ Yes ○ No ○ Not Checked

STATENO | | | | | | | | | | | | | | | |