



Place Barcode Sticker Here

HIV TEST FORM

PART 2



Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

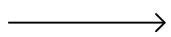
CDC requires the following information on **confirmed positives**

Referrals

Was client referred to medical care?

L

Yes



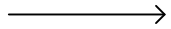
If yes, did client attend the first appointment?

Yes

No

Don't know

No



If no, why?

Client already in care

Client declined care

7

Was client referred to HIV Prevention services?

Yes

No

Was client referred to PCRS?

Yes

No

7

If female, is client pregnant?

Yes



If yes, in prenatal care?

No

Don't know

Declined

Not asked

Yes

No

Don't know

Declined

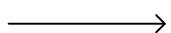
Not asked



If no, was client referred for prenatal care?

Yes

No



If yes, did client attend first prenatal care appointment?

Yes

No

Don't know

Local Use Fields

L3

L8

L13

L4

L9

L14

L5

L10

L15

L6

L11

L16

L7

L12

L17

CDC Use Fields

C3

C6

C4

C7

C5

C8

Notes (Print Only)

Notes area with horizontal lines for text entry.

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan

YELLOW COPY = Record Keeping

CDC 50.135b (E), 10/2007

Codes for Antiretroviral (ARV) medication(s)

- 22 Agenerase (amprenavir)
- 30 Aptivus (tipranavir, TPV)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
- 06 Crixivan (indinavir, IDV)
- 11 Emtriva (emtricitabine, FTC)
- 03 Epivir (lamivudine, 3TC)
- 28 Epzicom (abacavir/lamivudine, ABC/3TC)
- 25 Fortovase (saquinavir, SQV)
- 10 Fuzeon (enfuvirtide, T20)
- 19 Hepsera (adefovir)
- 02 Hivid (zalcitabine, ddC)
- 23 Hydroxyurea
- 18 Invirase (saquinavir, SQV)
- 16 Kaletra (lopinavir/ ritonavir)
- 31 Lexiva (fosamprenavir, 908)
- 07 Norvir (ritonavir, RTV)
- 33 Prezista (darunavir, DRV)
- 09 Rescriptor (delavirdine, DLV)
- 26 Retrovir (zidovudine, ZDV, AZT)
- 15 Reyataz (atazanavir, ATV)
- 08 Saquinavir (Fortavase, Invirase)
- 21 Sustiva (efavirenz, EFV)
- 13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
- 27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
- 01 Videx (didanosine, ddl)
- 14 Videx EC (didanosine, ddl)
- 17 Viracept (nelfinavir, NFV)
- 05 Viramune (nevirapine, NVP)
- 12 Viread (tenofovir DF, TDF)
- 04 Zerit (stavudine, d4T)
- 20 Ziagen (abacavir, ABC)

- 88 Other
- 99 Unspecified