



Printed Barcode

# HIV TEST FORM

## PART 1



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

Agency	Session Date (MMDDYYYY)	Unique Agency ID Number	Intervention ID
	Site ID	Site Type	Site Zip Code

Client	Client ID	Date of Birth (MMDDYYYY)	State	County	Zip Code
	Ethnicity	Race - Check all that apply	Current Gender	Previous HIV Test?	Self-Reported Result

HIV Test Information	Sample Date (MMDDYYYY)			
	Worker ID			
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other <b>HIV TEST 1</b>	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other <b>HIV TEST 2</b>	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other <b>HIV TEST 3</b>
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)			

Choose one if:  Client was not asked about risk factors  Client was asked, but no risk was identified  Client declined to discuss risk factors

**If client risk factor information was discussed, please mark all that apply:**

In past 12 months has client had: ...without using a condom? <input type="checkbox"/>	<b>Injection Drug Use (IDU)</b>	<b>Other Risk Factor(s)</b>
<b>Vaginal or Anal Sex</b> <input type="checkbox"/> <b>Oral Sex</b> <input type="checkbox"/> ...with person who is an IDU? <input type="checkbox"/>	Has client used injection drugs in past 12 months? <input type="checkbox"/>	
With Male <input type="checkbox"/> <input type="checkbox"/> ...with person who is MSM? (Female Only) <input type="checkbox"/>	if marked Did client share drug injection equipment? <input type="checkbox"/>	
With Female <input type="checkbox"/> <input type="checkbox"/> ...with person who is HIV positive? <input type="checkbox"/>		(see codes on reverse)

<b>Session Activity</b> During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes <input type="radio"/> No Other Session Activities (see codes on reverse)	<b>Local Use Fields</b> L1 L2	<b>CDC Use Fields</b> C1 C2
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## PART 2



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

Referrals

Was client referred to medical care?

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- Yes → If yes, did client attend the first appointment?  Yes
- No → If no, why?  No
- Client already in care
- Client declined care  Don't know

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Was client referred to HIV Prevention services?

- Yes
- No

Was client referred to PCRS?

- Yes
- No

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If female, is client pregnant?

- Yes → If yes, in prenatal care?  Yes
- No  No → If no, was client referred for prenatal care?
- Don't know  Don't know
- Declined  Declined
- Not asked  Not asked
- Yes → If yes, did client attend first prenatal care appointment?  Yes
- No  No
- Don't know  Don't know

### Local Use Fields

L3	<input type="text"/>	L8	<input type="text"/>	L13	<input type="text"/>
L4	<input type="text"/>	L9	<input type="text"/>	L14	<input type="text"/>
L5	<input type="text"/>	L10	<input type="text"/>	L15	<input type="text"/>
L6	<input type="text"/>	L11	<input type="text"/>	L16	<input type="text"/>
L7	<input type="text"/>	L12	<input type="text"/>	L17	<input type="text"/>

### CDC Use Fields

C3	<input type="text"/>	C6	<input type="text"/>
C4	<input type="text"/>	C7	<input type="text"/>
C5	<input type="text"/>	C8	<input type="text"/>

### Notes (Print Only)


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.



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# HIV TEST FORM PART 3



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**HIV Incidence**

Date information collected? (MMDDYYYY)           7

Date first positive HIV test: (MMDDYYYY)

Has client ever tested negative?  Yes  No  Don't know  Declined

Date last negative HIV test: (MMDDYYYY)

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.  $\frac{1}{\text{Current (or 1st positive) test}} + \frac{\text{# of tests in the 2 years before the current (or 1st positive) test}}{\text{# of tests in the 2 years before the current (or 1st positive) test}} = \frac{\text{Total}}{\text{Total}}$

Has client used or is client currently using antiretroviral medication (ARV)?  Yes  No  Don't know  Declined

If yes, specify antiretroviral medication?

(See codes on reverse)

Date ARV began? (MMDDYYYY)

Date of last ARV use? (MMDDYYYY)           7

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WHITE COPY = Scan

YELLOW COPY = Record Keeping

CDC 50.135c (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 Hepsara (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