



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

(See codes on reverse)

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

Ethnicity: Hispanic or Latino, Not Hispanic or Latino, Don't know, Declined

Race: American Ind./AK Native, Asian, Black/African American, Native HI/Pac. Islander, White, Don't know, Declined

Current Gender: Male, Female, Transgender - M2F, Transgender - F2M

Previous HIV Test?: Yes, No, Don't know, Declined, Not asked

Self-Reported Result: Positive, Negative, Prelim. Pos., Indeterminate, Don't know, Declined, Not asked

Provide date of last test (MMYYYY)

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 HIV TEST 1	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 2	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 3
	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)			
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

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?

Vaginal or Anal Sex **Oral Sex** ...with person who is an IDU?

With Male ...with person who is MSM?

With Female ...with person who is HIV positive?

Injection Drug Use (IDU)

Has client used injection drugs in past 12 months?

if marked

Did client share drug injection equipment?

Other Risk Factor(s)

(see codes on reverse)

Session Activity 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)	Local Use Fields L1 L2	CDC Use Fields C1 C2
---	-------------------------------------	-----------------------------------



Place Barcode Sticker Here

HIV TEST FORM

PART 2



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

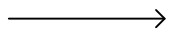
CDC requires the following information on **confirmed positives**

Referrals

Was client referred to medical care?

L

Yes



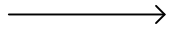
If yes, did client attend the first appointment?

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?

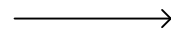
Yes

No

7

If female, is client pregnant?

Yes



If yes, in prenatal care?

No

Don't know

Declined

Not asked

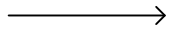
Yes

No

Don't know

Declined

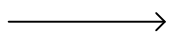
Not asked



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