

# HIV Test Form

## PART 1

Session Date  
(mmddyyyy)

Form Approved  
OMB No.: XXXX-XXXX  
Exp. Date: XXXX

Printed Barcode

Client Date of Birth (MMDDYYYY)		Unique Agency ID Number		Intervention ID	
State County		*Site Type		Client ID	
Zip Code		Site ID		7	
Ethnicity		Race - Check all that apply		Current Gender	
Previous HIV Test?		Self-Reported Result			

Sample Date (MMDDYYYY)	HIV TEST 1		HIV TEST 2		HIV TEST 3	
	Test Election:		Test Election:		Test Election:	
	Test Technology:		Test Technology:		Test Technology:	
	Specimen Type:		Specimen Type:		Specimen Type:	
Test Result:	HIV TEST 1		HIV TEST 2		HIV TEST 3	
	Result Provided:		Result Provided:		Result Provided:	
	Date Provided? (MMDDYYYY)		Date Provided? (MMDDYYYY)		Date Provided? (MMDDYYYY)	
	If results not provided, why?		If results not provided, why?		If results not provided, why?	

Client Sexual Risk Factors		Did client have vaginal or anal sex in past 12 months: ...with person who is HIV positive?		Session Activity	
If client risk factor information was discussed, please record the following:		...with person who is an IDU?		Other Session Activities (see codes on reverse)	
In past 12 months has client had:		...with person who is MSM?		Local Use Fields	
With Male		...without using a condom?		Local 4	
With Female		Other Sexual Factor(s)		Local 5	
Reserved for CDC Use		CDC 1		Local 6	
CDC 2				Local 7	

