## SAMHSA MAI Rapid HIV Testing Clinical Information Form

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SECTION A: SITE CHARACT	FRISTICS	Provider ID:			
Date of visit		Site ID:	SAMHSA CLIENT ID:		
Site Type:	□ Tribal Clir □ Urban Ind □ IHS Healt	nic Iian Health Clinic	(Bar code)		
RAPID TEST KIT LOT NUMBER:					
SECTION B: DEMOGRAPHIC	S				
<b>1. Gender</b> Male Female Transgender	<ul> <li>3. Ethnicity</li> <li>3. Hispanic</li> <li>4. Race (Check all</li> </ul>	that anniv)	<ul> <li>5. Previous HIV Test</li> <li>No</li> <li>Yes</li> <li>Result was negative</li> <li>Result was positive</li> <li>Result was inconclusive</li> <li>Result was unknown</li> </ul>		
<ul> <li>2. Age</li> <li><a href="#right"></a></li> <li><a href="#right"><a href="#right"></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></li> <li><a href="#right"><a href="#right"><a href="#right"><a href="#right"><a href="#right"><a href="#right"><a href="#right"><a href="#right"></a></a></a></a></a></a></a></a></li> <li><a href="#right"><a href="#right"><a href="#right"><a href="#right"></a></a></a></a></li> <li><a href="#right"><a href="#right"><a href="#right"><a href="#right"></a></a></a></a></li> </ul>	<ul> <li>Black/African Am</li> <li>Asian</li> <li>Native Hawaiian/</li> <li>Alaska Native</li> <li>White</li> <li>American Indian</li> </ul>				
SECTION C: REASON FOR T	EST:				
<ol> <li>During the past 30 days have</li> <li>had unprotected sex with male</li> <li>had unprotected sex with female</li> <li>had unprotected sex with transg</li> <li>The client:</li> <li>reports no known risk factors</li> </ol>	you: a injected a used ille gender a used ar a refuses to refuse	l drugs egal drugs ny alcohol	lol		
Section E: Rapid HIV Testing         1. Rapid test results       2. Did client receive results of rapid test?         Negative/Non-reactive       Yes         Positive/Reactive       No, reason         Invalid (Repeat test using a new test kit.)       Negative/         Retest       Negative/       Positive/         Result:       Non-reactive       Invalid         Reactive       Reactive       Rapid test kit lot number (client retested):					
Section F: TYPE OF SERVICES PROVIDED       (Check all that apply)         HIV Prevention Counseling       HIV Post-Test       Linked to         HIV Pre-Test Counseling       Counseling       care/treatment after confirmatory testing					
Section G: Confirmatory Tes 1. Confirmatory test conducted Yes Yes: Client now wants a confirm No, reason	natory test after initial	<b>3. Confirma</b> Negative refusal. Positive	ate		
<ul> <li>2. Type of confirmatory test</li> <li>Blood (plasma, serum, or blood spot)</li> <li>Oral</li> <li>Urine</li> </ul>		<b>4. Did clien</b> □ Yes	4. Did client receive results of confirmatory test?		

White: Complete with Rapid Test (Sections A thru F) RETURN TO: WESTAT; 1700 Research Blvd.; Room RB 4247, Rockville, MD 20850; Attn: May Yamate

## Project Number: 7853.05.01.14

## SAMHSA MAI HIV Rapid Testing Clinical Information Form

SECTION A: SITE CHARACTE	ERISTICS	Provider ID:					
Date of visit		Site ID:					
	Tribal Clinic						
Cite Tomas			(Bar code)				
Site Type:	Urban Indian						
	IHS Health C						
	Other (specif	y)					
RAPID TEST KIT LOT NUMBER:							
SECTION B: DEMOGRAPHICS							
1. Gender	3. Ethnicity		5. Previous HIV Test				
🖵 Male	Hispanic 1		🗖 No				
Female	Non-Hispanic		Yes				
Transgender			Result was negative				
3	4. Race (Check all that	at apply)	Result was positive				
2. Age	Black/African Americ		Result was inconclusive				
□ <18 years	Asian		Result was unknown				
□ 18-24 yrs	□ Native Hawaiian/Oth	er Pacific Islander					
□ 25-34 yrs	Alaska Native						
□ 35-44 yrs	U White						
□ 45-54 yrs	American Indian						
□ 55-64 yrs	Other (specify)						
□ 65+ yrs							
SECTION C: REASON FOR T	EST:						
		Ε ΙΝ ΤΗΔΤ ΡΙ ΙΤ ΥΟΙ Ι Δ	AT RISK? (Check all that apply)				
1. During the past 30 days have							
□ had unprotected sex with male □ injected drugs □ exchanged sex for drugs/money							
□ had unprotected sex with female □ used illegal drugs □ exchanged sex for drugs/money							
□ had unprotected sex with transgender □ used any alcohol							
<b>2.</b> The client:							
reports no known risk factors     refuses to report risk factors							
Section E: Rapid HIV Testing							
1. Rapid test results		ent receive results of raj	nid test?				
□ Negative/Non-reactive		ent receive results of rap					
Positive/Reactive		son					
<ul> <li>Invalid (Repeat test using a new</li> </ul>		5011	· · · · · · · · · · · · · · · · · · ·				
Retest 🗆 Negative/ 📮 Po							
-	R	apid test kit lot number (cl	ient retested):				
Section F: TYPE OF SERVICES PROVIDED (Check all that apply) I HIV Prevention Counseling HIV Post-Test Linked to							
<ul> <li>HIV Prevention Counseling</li> <li>HIV Post-Test</li> <li>Linked to</li> <li>care/treatment after</li> </ul>							
	Counsening						
confirmatory testing Section G: Confirmatory Testing (if rapid test result is positive/reactive)							
1. Confirmatory test conducted	<u>ing (</u> in rupid test res	3. Confirmatory					
□ Yes □ Negative							
<ul> <li>Yes: Client now wants a confirmatory test after initial refusal.</li> <li>No, reason</li> <li>Indeterminate</li> </ul>							
		□ Results pendir	na				
			.А				
2. Type of confirmatory test		4. Did client rec	eive results of confirmatory test?				
Blood (plasma, serum, or blood s	spot)	□ Yes					
□ Oral	-17						

## SAMHSA MAI Rapid HIV Testing Clinical Information Form

SECTION A: SITE CHARACT	ERISTICS	Provider ID:					
Data afailait		Site ID:					
Date of VISIt							
	Tribal Clir		(Bar code)				
Site Type:		lian Health Clinic					
	IHS Healt						
	Other (specific control of the specific control of	ecify)					
RAPID TEST KIT LOT NUMBER:		_					
SECTION B: DEMOGRAPHIC	<u>S</u>						
1. Gender	3. Ethnicity		5. Previous HIV Test				
🗅 Male	Hispanic		🗅 No				
🗅 Female	Non-Hispanic		Yes				
Transgender			Result was negative				
5	4. Race (Check all	that apply)	Result was positive				
2. Age	🛛 Black/Àfrican Am		Result was inconclusive				
□ <18 years	Asian		Result was unknown				
□ 18-24 yrs		Other Pacific Islander					
□ 25-34 yrs	Alaska Native						
<b>□</b> 35-44 yrs	U White						
<b>4</b> 5-54 yrs	American Indian						
□ 55-64 yrs							
□ 65+ yrs							
SECTION C: REASON FOR T	FST						
			J AT RISK? (Check all that apply)				
1. During the past 30 days have							
□ had unprotected sex with male		l drugs	exchanged sex for drugs/money				
<ul> <li>□ had unprotected sex with male</li> <li>□ injected drugs</li> <li>□ exchanged sex for drugs/money</li> <li>□ used illegal drugs</li> </ul>							
□ had unprotected sex with transgender □ used any alcohol							
<b>2.</b> The client:							
$\Box$ reports no known risk factors	refuses to re	eport risk factors					
Section E: Rapid HIV Testing							
1. Rapid test results		client receive results of	ranid test?				
□ Negative/Non-reactive	□ Yes						
□ Positive/Reactive		reason					
Invalid (Repeat test using a new		ieason					
Retest D Negative/ D Po							
Result: Non-reactive Read		Rapid test kit lot number	(client retested):				
Section F: TYPE OF SERVICES PROVIDED (Check all that apply)							
□ HIV Prevention Counseling □ HIV Post-Test □ Linked to							
□ HIV Pre-Test Counseling							
Counseling Counseling care/treatment alter confirmatory testing							
Section G: Confirmatory Testing (if rapid test result is positive/reactive)							
1. Confirmatory test conducted	<u>ling (</u> ii iapiu lest i		bry test results				
			ny lest results				
Yes: Client now wants a confirm							
			Positive     Indeterminate				
No, reason Indeterminate							
Results pending							
2 Type of confirmatory test		4 Did client r	1 Did client receive results of confirmatory test?				
<ul> <li><b>2. Type of confirmatory test</b></li> <li>Blood (plasma, serum, or blood spot)</li> </ul>			<ul> <li>4. Did client receive results of confirmatory test?</li> <li>Yes</li> </ul>				
□ Blood (plasma, serum, or blood spot) □ Oral			□ Yes □ No, reason				

Pink: Keep for your records