

SAMHSA MAI Rapid HIV Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		Provider ID: _____	SAMHSA CLIENT ID: _____
Date of visit _____		Site ID: _____	(Bar code)
Site Type:	<input type="checkbox"/> Tribal Clinic <input type="checkbox"/> Urban Indian Health Clinic <input type="checkbox"/> IHS Health Clinic <input type="checkbox"/> Other (specify) _____		

RAPID TEST KIT LOT NUMBER: _____

SECTION B: DEMOGRAPHICS

1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Previous HIV Test <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
2. Age <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	4. Race (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify) _____	

SECTION C: REASON FOR TEST: _____

SECTION D: WHAT BEHAVIORS DO YOU ENGAGE IN THAT PUT YOU AT RISK? (Check all that apply)

1. During the past 30 days have you:

<input type="checkbox"/> had unprotected sex with male	<input type="checkbox"/> injected drugs	<input type="checkbox"/> exchanged sex for drugs/money
<input type="checkbox"/> had unprotected sex with female	<input type="checkbox"/> used illegal drugs	
<input type="checkbox"/> had unprotected sex with transgender	<input type="checkbox"/> used any alcohol	

2. The client:

reports no known risk factors refuses to report risk factors

Section E: Rapid HIV Testing

1. Rapid test results <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid (Repeat test using a new test kit.) Retest <input type="checkbox"/> Negative/ <input type="checkbox"/> Positive/ <input type="checkbox"/> Invalid Result: Non-reactive Reactive	2. Did client receive results of rapid test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____
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Rapid test kit lot number (client retested): _____

Section F: TYPE OF SERVICES PROVIDED (Check all that apply)

<input type="checkbox"/> HIV Prevention Counseling	<input type="checkbox"/> HIV Post-Test Counseling	<input type="checkbox"/> Linked to care/treatment after confirmatory testing
<input type="checkbox"/> HIV Pre-Test Counseling		

Section G: Confirmatory Testing (if rapid test result is positive/reactive)

1. Confirmatory test conducted <input type="checkbox"/> Yes <input type="checkbox"/> Yes: Client now wants a confirmatory test after initial refusal. <input type="checkbox"/> No, reason _____	3. Confirmatory test results <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Results pending
2. Type of confirmatory test <input type="checkbox"/> Blood (plasma, serum, or blood spot) <input type="checkbox"/> Oral <input type="checkbox"/> Urine	4. Did client receive results of confirmatory test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____

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Site Type:	<input type="checkbox"/> Tribal Clinic <input type="checkbox"/> Urban Indian Health Clinic <input type="checkbox"/> IHS Health Clinic <input type="checkbox"/> Other (specify) _____		
RAPID TEST KIT LOT NUMBER: _____			

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SECTION C: REASON FOR TEST: _____

SECTION D: WHAT BEHAVIORS DO YOU ENGAGE IN THAT PUT YOU AT RISK? (Check all that apply)

1. During the past 30 days have you:

<input type="checkbox"/> had unprotected sex with male	<input type="checkbox"/> injected drugs	<input type="checkbox"/> exchanged sex for drugs/money
<input type="checkbox"/> had unprotected sex with female	<input type="checkbox"/> used illegal drugs	
<input type="checkbox"/> had unprotected sex with transgender	<input type="checkbox"/> used any alcohol	

2. The client:

reports no known risk factors refuses to report risk factors

Section E: Rapid HIV Testing

1. Rapid test results <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid (Repeat test using a new test kit.) Retest <input type="checkbox"/> Negative/ <input type="checkbox"/> Positive/ <input type="checkbox"/> Invalid Result: Non-reactive Reactive	2. Did client receive results of rapid test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____
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Rapid test kit lot number (client retested): _____

Section F: TYPE OF SERVICES PROVIDED (Check all that apply)

<input type="checkbox"/> HIV Prevention Counseling	<input type="checkbox"/> HIV Post-Test Counseling	<input type="checkbox"/> Linked to care/treatment after confirmatory testing
<input type="checkbox"/> HIV Pre-Test Counseling		

Section G: Confirmatory Testing (if rapid test result is positive/reactive)

1. Confirmatory test conducted <input type="checkbox"/> Yes <input type="checkbox"/> Yes: Client now wants a confirmatory test after initial refusal. <input type="checkbox"/> No, reason _____	3. Confirmatory test results <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Results pending
2. Type of confirmatory test <input type="checkbox"/> Blood (plasma, serum, or blood spot) <input type="checkbox"/> Oral <input type="checkbox"/> Urine	4. Did client receive results of confirmatory test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____

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SECTION A: SITE CHARACTERISTICS

Date of visit _____

Provider ID: _____

Site ID: _____

SAMHSA CLIENT ID: _____

Site Type:

- Tribal Clinic
- Urban Indian Health Clinic
- IHS Health Clinic
- Other (specify) _____

(Bar code)

RAPID TEST KIT LOT NUMBER: _____

SECTION B: DEMOGRAPHICS

1. Gender

- Male
- Female
- Transgender

3. Ethnicity

- Hispanic
- Non-Hispanic

5. Previous HIV Test

- No
- Yes
 - Result was negative
 - Result was positive
 - Result was inconclusive
 - Result was unknown

2. Age

- <18 years
- 18-24 yrs
- 25-34 yrs
- 35-44 yrs
- 45-54 yrs
- 55-64 yrs
- 65+ yrs

4. Race (Check all that apply)

- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- Alaska Native
- White
- American Indian
- Other (specify) _____

SECTION C: REASON FOR TEST:

SECTION D: WHAT BEHAVIORS DO YOU ENGAGE IN THAT PUT YOU AT RISK? (Check all that apply)

1. During the past 30 days have you:

- had unprotected sex with male
- had unprotected sex with female
- had unprotected sex with transgender
- injected drugs
- used illegal drugs
- used any alcohol
- exchanged sex for drugs/money

2. The client:

- reports no known risk factors
- refuses to report risk factors

Section E: Rapid HIV Testing

1. Rapid test results

- Negative/Non-reactive
- Positive/Reactive
- Invalid (Repeat test using a new test kit.)
 - Retest Negative/ Positive/ Invalid
 - Result: Non-reactive Reactive

2. Did client receive results of rapid test?

- Yes
- No, reason _____

Rapid test kit lot number (client retested): _____

Section F: TYPE OF SERVICES PROVIDED (Check all that apply)

- HIV Prevention Counseling
- HIV Post-Test Counseling
- HIV Pre-Test Counseling
- Linked to care/treatment after confirmatory testing

Section G: Confirmatory Testing (if rapid test result is positive/reactive)

1. Confirmatory test conducted

- Yes
- Yes: Client now wants a confirmatory test after initial refusal.
- No, reason _____

3. Confirmatory test results

- Negative
- Positive
- Indeterminate
- Results pending

2. Type of confirmatory test

- Blood (plasma, serum, or blood spot)
- Oral
- Urine

4. Did client receive results of confirmatory test?

- Yes
- No, reason _____

Pink: Keep for your records