

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 <small>*See codes on reverse</small>		Client ID	
Zip Code		Site ID		7	
Ethnicity		Race - Check all that apply		Current Gender	
○ Hispanic or Latino ○ Not Hispanic or Latino ○ Don't know ○ Declined		<input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined		○ 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	
				*If yes, provide date of last test (MMYYYY)	

Sample Date (MMDDYYYY)	HIV TEST 1		HIV TEST 2		HIV TEST 3	
	Test Election:		Test Election:		Test Election:	
	○ Tested anonymously ○ Tested confidentially ○ Declined testing		○ Tested anonymously ○ Tested confidentially ○ Declined testing		○ Tested anonymously ○ Tested confidentially ○ Declined testing	
	Test Technology:		Test Technology:		Test Technology:	
	○ Conventional ○ Rapid ○ Other		○ Conventional ○ Rapid ○ Other		○ Conventional ○ Rapid ○ Other	
	Specimen Type:		Specimen Type:		Specimen Type:	
○ Blood: finger stick ○ Blood: venipuncture ○ Blood spot ○ Oral mucosal transudate ○ Urine		○ Blood: finger stick ○ Blood: venipuncture ○ Blood spot ○ Oral mucosal transudate ○ Urine		○ Blood: finger stick ○ Blood: venipuncture ○ Blood spot ○ Oral mucosal transudate ○ Urine		
Test Result:		Test Result:		Test Result:		
○ Positive/Reactive ○ Negative ○ Indeterminate		○ Positive/Reactive ○ Negative ○ Indeterminate		○ Positive/Reactive ○ Negative ○ Indeterminate		
○ Invalid ○ NAAT-pos ○ No result		○ Invalid ○ NAAT-pos ○ No result		○ Invalid ○ NAAT-pos ○ No result		
Result Provided:		Result Provided:		Result Provided:		
○ Yes ○ No		○ Yes ○ No		○ Yes ○ No		
Date Provided? (MMDDYYYY)		Date Provided? (MMDDYYYY)		Date Provided? (MMDDYYYY)		
If results not provided, why?		If results not provided, why?		If results not provided, why?		
○ Declined notification ○ Did not return/Could not locate ○ Obtained results from another agency		○ Declined notification ○ Did not return/Could not locate ○ Obtained results from another agency		○ Declined notification ○ Did not return/Could not locate ○ Obtained results from another agency		

Client Sexual Risk Factors		Did client have vaginal or anal sex in past 12 months: ...with person who is HIV positive?	
Check here if: <input type="checkbox"/> Client declined to discuss risk factors <input type="checkbox"/> Client was not asked about risk factors <input type="checkbox"/> Client was asked, but no risk was identified		○ Yes ○ No	
If client risk factor information was discussed, please record the following:		...with person who is an IDU?	
In past 12 months has client had: Vaginal or anal sex Oral Sex		○ Yes ○ No	
Has client used injection drugs in past 12 months? if yes		...with person who is MSM?	
With Male <input type="checkbox"/> <input type="checkbox"/> With Female <input type="checkbox"/> <input type="checkbox"/>		○ Yes ○ No	
Did client share drug injection equipment?		...without using a condom?	
○ Yes ○ No		○ Yes ○ No	
Reserved for CDC Use		Other Sexual Factor(s)	
CDC 1		Local 4	
CDC 2		Local 5	
		Local 6	
		Local 7	

Session Activity	
During this visit, was a risk reduction plan developed for the client?	
○ Yes ○ No	
Other Session Activities (see codes on reverse)	
Local Use Fields	
Local 4	
Local 5	
Local 6	
Local 7	

