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ATTACHMENT 2: MEDICAL RECORD ABSTRACTION FORM

Houston Department of Health and Human Services
Assessing the Accuracy of Self-Report of HIV Testing Behavior

Medical Chart Review Information

Patient I.D. _____ Date of Abstraction _____

Patient Name: _____ Patient D.O.B. _____

Facility I.D. _____

Person Completing Form: _____

Documented HIV Testing History:

| <i>Date</i> | <i>HIV Test Type</i> | <i>Test Result</i> | <i>Facility</i> | <i>City/State</i> |
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