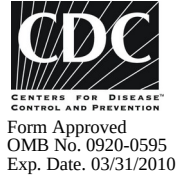




September 2009

HIV Rapid Testing Form EZ WORKSHEET



Report your results Online (password required) at:
<http://wwwn.cdc.gov/mpep/results/login.aspx>

MPEP number: _____ (you will need this to enter your results online)

DEADLINE for submission **October 26, 2009**

Please Note: Test procedures on these samples should be performed in the same manner as the test procedures used for patient specimens.

WARNING: The HIV-1 antibody-positive samples in this panel have been heated at 56°C for 60 minutes to inactivate bloodborne viruses. Because no inactivation method can offer complete assurance that infectious agents are absent, these samples should be handled as if potentially infectious. Follow the U.S. Department of Labor Occupational Health and Safety Administration (OSHA) standards for bloodborne pathogens (29CFR Part 1910),

Person completing this form: Name _____
Title (circle ALL that apply)
 MT CLS MLT CLT RN/LPN PhD MD Volunteer Counselor
 Other (please specify) _____

Accreditation/license of above person, if applicable (circle ALL that apply)
 ASCP NCA HEW OTHER (please specify) _____

NOTE: If more than one HIV rapid test kit is used, print a copy of this form for each test kit.

If you have questions regarding online submission, please contact the MPEP at:
 1-877-360-8502

or contact the HIV Rapid Testing Project Coordinator Leigh Vaughan at:
 404-498-2246 or email LVAughan@cdc.gov

Use this worksheet as an aid to record results for the rapid HIV test kit used in testing the Performance Sample Panel.

Public reporting of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, GA 30333; ATTN: PRA (0920-0595)

4. For the kit specified in question #1, does your facility normally run Quality Control (QC) samples (positive and/or negative controls) when performing HIV rapid testing?

- No. Thank you for your participation. (*go to question #5*)
- Yes. Please complete the following section:

(a) Please indicate the **Source** of your QC material(s) for the kit specified in question #1:

Same Manufacturer as Test Kit:

QC material packaged in test kit (included as part of test kit order)

- HIV-1 Positive Control Lot# _____ HIV-2 Positive Control Lot# _____
- Negative Control Lot# _____

Same Manufacturer, but QC material ORDERED SEPARATELY (not included with test kit)

- HIV-1 Positive Control Lot# _____ HIV-2 Positive Control Lot# _____
- Negative Control Lot# _____

Other Commercial Source (please specify):

Manufacturer: _____

- HIV-1 Positive Control Lot# _____ HIV-2 Positive Control Lot# _____
- Negative Control Lot# _____

In-House (prepared by own facility):

- HIV-1 Positive Control Prep Date _____ HIV-2 Positive Control Prep Date _____
- Negative Control Prep Date _____

(b) **Description** of your QC material (for the kit specified in question #1):

Fill in boxes with numbers (see below) corresponding to type of material used

- 01. Serum/Plasma
- 02. Whole Blood
- 03. Other (e.g. urine, culture media, etc.) Please specify _____

(c) **Frequency of Use** of QC material for the kit specified in question #1 (check ALL that apply)

- With each Run/Set/Batch of patient tests
- By each new operator prior to testing client/patient specimens
- When opening new lot number of test kits
- When opening new box of test kits
- Whenever new shipment of test kits is received

At periodic intervals:

- Every shift Daily Weekly Monthly
- After every ____ (number) tests Other _____

Continued on back

5. For the rapid HIV test kit you specified in question #1, what confirmatory test(s) does your facility require to confirm a preliminary positive (REACTIVE) HIV Rapid Test result?

(a) No confirmatory testing required for the kit specified in question #1. **Please submit your results.**

(b) Yes, confirmatory testing **is** required (check all that apply below):

**Confirmatory test(s) performed
AT OUR FACILITY (test done in-house)**

- 2ND rapid test, same test kit
- 2ND rapid test, different test kit
(**specify** manufacturer & kit _____)
- Enzyme Immunoassay (EIA)
- Western blot (WB)
- Immunofluorescence assay (IFA)
- Other **test** (please specify): _____

**Confirmatory test(s) performed
at another facility (test sent out)**

- 2ND rapid test, same test kit
- 2ND rapid test, different test kit
(**specify** manufacturer & kit _____)
- Enzyme Immunoassay (EIA)
- Western blot (WB)
- Immunofluorescence assay (IFA)
- Other **test** (please specify): _____

PLEASE DO NOT MAIL THIS FORM!!

The MPEP is currently **ONLY** accepting results online.
Please submit your results at:

<http://wwwn.cdc.gov/mpep/results/login.aspx>

If you have questions please contact:
the MPEP at 1-877-360-8502

OR

Leigh Vaughan, HIV-RT MPEP Project Coordinator
email: LVaughan@cdc.gov
phone: 404-498-2246