

Attachment 4a

eSTAMP Participant Self-Test Referral Sheet

eSTAMP Participant Self-Test Referral Sheet

Completed by eSTAMP Study Staff

Dear eSTAMP Study Participant:

Thank you for your participation in the study and for using one or both of the following HIV rapid test kits we provided:

OraQuick® In-Home HIV Test, an oral fluid HIV test you conducted, interpreted, then entered your test results on our study website; and/or

Sure Check® HIV 1/2 Assay, a blood finger-stick HIV test you conducted, interpreted, then entered your test results on our study website; and/or

Early detection and treatment of HIV is extremely important. Because you had a preliminary positive test result on one or more of the tests you used as part of the study, we recommend you take follow-up precautions and seek further testing for HIV. To assist you and your health care provider, we ask that you take this form with you to your first medical visit, so that your provider is aware of the type of test(s) you have completed and the results. This information can help you and your provider identify the next steps that are right for you.

Below are the results based on your interpretation of the rapid HIV tests that you conducted on yourself. You can take this letter to your health care provider to help explain why you are seeking follow-up HIV testing.

Participant assessment of self-testing results

	Preliminary			Test Date
	Positive	Negative	Invalid	
OraQuick® In-Home HIV Test	_____	_____	_____	____/____/____
Sure Check® HIV 1/2 Assay	_____	_____	_____	____/____/____

Dear Provider:

If you have questions regarding the HIV rapid tests used in this study, please contact:

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