

**Medical Monitoring Project (MMP)
Medical Record Abstraction Form
2012 Surveillance Period Visit Form (SPVF)
VERSION 7.1.0**

OPTIONAL- FOR LOCAL USE ONLY

MMP SPVF v7.1.0

MMP Participant ID:

Abstraction Facility ID:
(ID of the facility where abstraction is being conducted)

Date of Visit: Date not documented
Mo. Day Year

Medical record number:

Patient name:

Patient residence:

Street:

City/County: **State:**

ZIP code: -

Physician name:





**Medical Monitoring Project (MMP)
Medical Record Abstraction Form
2012 Surveillance Period Visit Form (SPVF) v7.1.0**



I. ABSTRACTION AND IDENTIFICATION

MMP Participant ID:

Surveillance Period (SP)

SP start date: (12 months prior to date of interview OR 1st contact attempt if no interview obtained)

SP end date: (date of interview OR 1st contact attempt if no interview obtained)

Date of abstraction:

Abstructor ID:

Date of visit:

This visit for laboratory tests only → Complete Sections I, X, and XI

Abstraction Facility ID:
(ID of the facility where abstraction is being conducted)

Was the documented care abstracted with this form given at another facility (i.e., outside the Abstraction Facility)?

Yes
Complete information about the "Care" Facility → Enter Care Facility ID or indicate that Care Facility was not documented or was outside jurisdiction:
Care Facility ID:
(ID of the facility where the documented care was provided)

No
Continue to Section II below

Care Facility not documented or outside jurisdiction

II. PATIENT WEIGHT

Weight during this visit (lbs): lbs. Weight not documented

III. SURVEILLANCE PERIOD VISIT FORM SECTIONS - OPTIONAL

Is there documentation of any of the following during this visit?

Yes → Select all that are documented below.

No → This form is now complete except for optional section XII (Remarks).

<input type="radio"/> New or existing diagnoses of AIDS defining opportunistic illnesses (AIDS OI) → Complete section IV.	<input type="radio"/> Prescription or continuation of antiretroviral therapy (ART) → Complete section VIII.
<input type="radio"/> New or existing diagnoses of conditions other than AIDS OI → Complete section V.	<input type="radio"/> Prescription or continuation of medications other than ART → Complete section IX.
<input type="radio"/> Prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) or <i>Mycobacterium avium</i> complex (MAC) → Complete section VI.	<input type="radio"/> Frequently repeated laboratory tests → Select this box, and complete section X on visit form for the date the specimen was collected.
<input type="radio"/> Sexually transmitted infections (STIs)	<input type="radio"/> Other laboratory tests, including HIV ART resistance tests → Select this box, and complete section XI on visit form for



Complete section VII.

date the specimen was collected.

IV. AIDS DEFINING OPPORTUNISTIC ILLNESSES (AIDS OI)

Is there documentation of any new or existing diagnoses of AIDS defining opportunistic illnesses (AIDS OI) during this visit?

Yes → Select all that are documented below.

No

1	<input type="radio"/> Candidiasis, bronchi, trachea, or lungs
2	<input type="radio"/> Candidiasis, esophageal
3	<input type="radio"/> Carcinoma, invasive cervical
4	<input type="radio"/> Coccidioidomycosis, disseminated or extrapulmonary
5	<input type="radio"/> Cryptococcosis, extrapulmonary
6	<input type="radio"/> Cryptosporidiosis, chronic intestinal (>1 month duration)
7	<input type="radio"/> Cytomegalovirus disease (other than in liver, spleen, or lymph nodes)
8	<input type="radio"/> Cytomegalovirus retinitis (with loss of vision)
9	<input type="radio"/> Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis
10	<input type="radio"/> HIV encephalopathy
11	<input type="radio"/> Histoplasmosis, disseminated or extrapulmonary
12	<input type="radio"/> Isosporiasis, chronic intestinal (>1 month duration)
13	<input type="radio"/> Kaposi's sarcoma
14	<input type="radio"/> Lymphoma, Burkitt's (or equivalent term)
15	<input type="radio"/> Lymphoma, immunoblastic (or equivalent term, IBL)
16	<input type="radio"/> Lymphoma (primary in brain)
17	<input type="radio"/> <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary
18	<input type="radio"/> <i>M. tuberculosis</i> , pulmonary
19	<input type="radio"/> <i>M. tuberculosis</i> , disseminated or extrapulmonary
20	<input type="radio"/> <i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary
21	<input type="radio"/> <i>Pneumocystis jiroveci</i> pneumonia (PCP)
22	<input type="radio"/> Pneumonia, recurrent in 12 month period
23	<input type="radio"/> Progressive multifocal leukoencephalopathy (PML)
24	<input type="radio"/> Salmonella septicemia, recurrent
25	<input type="radio"/> Toxoplasmosis of brain
26	<input type="radio"/> Wasting syndrome due to HIV

V. CONDITIONS OTHER THAN AIDS OI

Is there documentation of any new or existing diagnoses of conditions other than AIDS OI during this visit?

Yes → Select all that are documented below.

No

<input type="radio"/> 1 Abscess	<input type="radio"/> 19 Erythema multiforme	<input type="radio"/> 37 Hypogonadism (gonadal deficiency)	<input type="radio"/> 55 Prostatitis
<input type="radio"/> 2 Alcoholism	<input type="radio"/> 20 Erythroderma	<input type="radio"/> 38 Hypothyroidism	<input type="radio"/> 56 Psoriasis
<input type="radio"/> 3 Anxiety disorder	<input type="radio"/> 21 Fatty liver	<input type="radio"/> 39 Ischemic heart disease	<input type="radio"/> 57 Psychosis, including schizophrenia
<input type="radio"/> 4 Arthritis (osteoarthritis)	<input type="radio"/> 22 Fever, unexplained, >100°F for 2+ weeks*	<input type="radio"/> 40 Lactic acidosis	<input type="radio"/> 58 Pulmonary hypertension
<input type="radio"/> 5 Asthma	<input type="radio"/> 23 Gastroesophageal reflux disease (GERD)	<input type="radio"/> 41 Lipoatrophy	<input type="radio"/> 59 Rash, drug-related
<input type="radio"/> 6 Avascular necrosis	<input type="radio"/> 24 Guillain-Barré syndrome	<input type="radio"/> 42 Lipodystrophy	<input type="radio"/> 60 Renal failure
<input type="radio"/> 7 Buffalo hump	<input type="radio"/> 25 Hearing loss, acquired	<input type="radio"/> 43 Malignancy	<input type="radio"/> 61 Respiratory infection, upper
<input type="radio"/> 8 Bronchitis	<input type="radio"/> 26 Hepatic (liver) failure	<input type="radio"/> 44 Metabolic syndrome	<input type="radio"/> 62 Respiratory infection, NOS
<input type="radio"/> 9 Cardiomyopathy, due to HIV or unknown cause	<input type="radio"/> 27 Hepatitis, alcohol-induced	<input type="radio"/> 45 Myelopathy (spinal cord disease/disorder)	<input type="radio"/> 63 Seborrheic dermatitis
<input type="radio"/> 10 Cellulitis (skin infection, bacterial)	<input type="radio"/> 28 Hepatitis, drug-induced	<input type="radio"/> 46 Myopathy (muscular weakness or changes)	<input type="radio"/> 64 Stevens-Johnson Syndrome
<input type="radio"/> 11 Depression, diagnosed by physician	<input type="radio"/> 29 Hepatitis, infectious, not drug-induced	<input type="radio"/> 47 Nephrolithiasis (kidney stone)	<input type="radio"/> 65 Stroke, ischemic, non-hemorrhagic
<input type="radio"/> 12 Diabetes mellitus (DM), type 1	<input type="radio"/> 30 Hepatitis, NOS	<input type="radio"/> 48 Nephropathy (kidney damage)	<input type="radio"/> 66 Suicide attempt
<input type="radio"/> 13 Diabetes mellitus (DM), type 2	<input type="radio"/> 31 Hodgkin's lymphoma (Hodgkin's disease)	<input type="radio"/> 49 Neuropathy, cranial	<input type="radio"/> 67 Thrombocytopenia, idiopathic (ITP)
<input type="radio"/> 14 Diabetes mellitus (DM), NOS	<input type="radio"/> 32 Human papillomavirus (HPV) infection	<input type="radio"/> 50 Neuropathy, peripheral	<input type="radio"/> 68 Vision loss, moderate or severe; blindness
<input type="radio"/> 15 Diarrhea, allergic/colitis	<input type="radio"/> 33 Hypercholesterolemia	<input type="radio"/> 51 Neuropathy, NOS	<input type="radio"/> 69 Warts, anal or genital
<input type="radio"/> 16 Diarrhea, infectious	<input type="radio"/> 34 Hyperglycemia	<input type="radio"/> 52 Oral candidiasis (thrush)	<input type="radio"/> 70 Warts, non-anal, non-genital
<input type="radio"/> 17 Diarrhea, NOS	<input type="radio"/> 35 Hypertension (high blood pressure)	<input type="radio"/> 53 Osteopenia or osteoporosis	<i>*in absence of a known cause</i>
<input type="radio"/> 18 Erectile dysfunction	<input type="radio"/> 36 Hypertriglyceridemia	<input type="radio"/> 54 Pneumonia	

<input type="radio"/> 71 Other, specify:		
<input type="radio"/> 72 Other, specify:		
<input type="radio"/> 73 Other, specify:		
<input type="radio"/> 74 Other, specify:		
<input type="radio"/> 75 Other, specify:		
<input type="radio"/> 76 Other, specify:		
<input type="radio"/> 77 Other, specify:		

VI. PROPHYLAXIS

Is there documentation of prescription for prophylaxis of *Pneumocystis jiroveci* pneumonia (PCP) during this visit?

Yes No

Prescription must be for PCP prophylaxis. Medications include:
Bactrim® (Septra, Cotrim, Co-trimoxazole, trimethoprim, sulfamethoxazole)
Dapsone®
Pentamidine® (pentamidine isothianate)
Mepron® or Mepron® Suspension (atovaquone)
Clindamycin® (clindamycin hydrochloride) + Primaquine® (primaquine phosphate)
Dapsone® + Daraprim® (pyrimethamine) + Folinic Acid

Is there documentation of prescription for prophylaxis of *Mycobacterium avium* complex (MAC) during this visit?

Yes No

Prescription must be for MAC prophylaxis. Medications include:
Biaxin Filmstab® (clarithromycin)
Biaxin Granules®
Biaxin XL®
Zithromax®
Zithromax Single Pack® (azithromycin, azithromycin dihydrate)
Mycobutin® (rifabutin)

VII. SEXUALLY TRANSMITTED INFECTIONS (STIs)

Is there documentation of any new or existing diagnoses* of sexually transmitted infections during this visit?

Yes → Select all that are documented below.

No

<input type="radio"/> 1 Cervicitis	<input type="radio"/> 5 Lymphogranuloma venereum (LGV)	<input type="radio"/> 9 Syphilis, NOS	<input type="radio"/> 13 STI not specified
<input type="radio"/> 2 Chancroid	<input type="radio"/> 6 Pelvic inflammatory disease (PID)	<input type="radio"/> 10 Urethritis, gonococcal	*For this section, abstract only the medical provider's explicit documentation of any of these conditions as a clinical diagnosis.
<input type="radio"/> 3 Epididymitis	<input type="radio"/> 7 Proctitis / proctocolitis	<input type="radio"/> 11 Urethritis, non-gonococcal (non-gonococcal urethritis, NGU)	
<input type="radio"/> 4 Genital Herpes	<input type="radio"/> 8 Syphilis, primary or secondary	<input type="radio"/> 12 Urethritis, NOS	
<input type="radio"/> 14 Other, specify:			
<input type="radio"/> 15 Other, specify:			
<input type="radio"/> 16 Other, specify:			
<input type="radio"/> 17 Other, specify:			

VIII. ANTIRETROVIRAL THERAPY (ART)

Is there documentation of prescription or continuation of antiretroviral therapy (ART) during this visit?

Yes → Select all that are documented below.

No

<input type="radio"/> 1 Abacavir (ABC, Ziagen)	<input type="radio"/> 9 Efavirenz (EFV, Sustiva)	<input type="radio"/> 17 Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	<input type="radio"/> 25 Tenofovir (TDF, Viread)
<input type="radio"/> 2 Amprenavir (APV, Agenerase)	<input type="radio"/> 10 Emtricitabine (FTC, Emtriva)	<input type="radio"/> 18 Maraviroc (MRC, Selzentry)	<input type="radio"/> 26 Tipranavir (TPV, Aptivus)
<input type="radio"/> 3 Atazanavir (ATV, Reyataz)	<input type="radio"/> 11 Enfuvirtide (ENF, T-20, Fuzeon)	<input type="radio"/> 19 Nelfinavir (NFV, Viracept)	<input type="radio"/> 27 Trizivir (ABC/3TC/AZT)
<input type="radio"/> 4 Atripla (EFV/FTC/TDF)	<input type="radio"/> 12 Epzicom (ABC/3TC)	<input type="radio"/> 20 Nevirapine (NVP, Viramune)	<input type="radio"/> 28 Truvada (FTC/TDF)
<input type="radio"/> 5 Combivir (AZT/3TC)	<input type="radio"/> 13 Etravirine (ETR, Intelence, formerly TMC125)	<input type="radio"/> 21 Raltegravir (RAL, Isentress, formerly MK-0518)	<input type="radio"/> 29 Zalcitabine (ddC, Hivid)
<input type="radio"/> 6 Darunavir (DRV, TMC 114, Prezista)	<input type="radio"/> 14 Fosamprenavir (FPV, Lexiva)	<input type="radio"/> 22 Ritonavir (RTV, Norvir)	<input type="radio"/> 30 Zidovudine (AZT, Retrovir)
<input type="radio"/> 7 Delavirdine (DLV, Rescriptor)	<input type="radio"/> 15 Indinavir (IDV, Crixivan)	<input type="radio"/> 23 Saquinavir (SQV-HGC, Invirase, Fortovase)	
<input type="radio"/> 8 Didanosine (ddl, Videx)	<input type="radio"/> 16 Lamivudine (3TC, Epivir)	<input type="radio"/> 24 Stavudine (d4T, Zerit)	
<input type="radio"/> 31 Other, Specify:			
<input type="radio"/> 32 Other, Specify:			
<input type="radio"/> 33 Other, Specify:			
<input type="radio"/> 34 Other, Specify:			

Specify:

IX. OTHER MEDICATIONS

Is there documentation of prescription or continuation of medications other than ART during this visit?

Yes → Select all that are documented below.

No

1	<input type="radio"/> acarbose	48	<input type="radio"/> esomeprazole
2	<input type="radio"/> acetaminophen/hydrocodone	49	<input type="radio"/> ethambutol
3	<input type="radio"/> acetaminophen/oxycodone	50	<input type="radio"/> ethionamide
4	<input type="radio"/> acyclovir	51	<input type="radio"/> famotidine
5	<input type="radio"/> adefovir	52	<input type="radio"/> fexofenadine
6	<input type="radio"/> albuterol	53	<input type="radio"/> filgrastim
7	<input type="radio"/> albuterol/ipratropium	54	<input type="radio"/> folinic acid
8	<input type="radio"/> aldesleukin	55	<input type="radio"/> fluconazole
9	<input type="radio"/> alprazolam	56	<input type="radio"/> fludrocortisone
10	<input type="radio"/> amikacin	57	<input type="radio"/> fluoxetine
11	<input type="radio"/> amitriptyline	58	<input type="radio"/> fluphenazine
12	<input type="radio"/> amitriptyline/chlordiazepoxide	59	<input type="radio"/> fluticasone
13	<input type="radio"/> amoxicillin	60	<input type="radio"/> fluticasone/salmeterol
14	<input type="radio"/> amoxicillin/clavulanate	61	<input type="radio"/> fluvastatin
15	<input type="radio"/> aspirin (ASA)	62	<input type="radio"/> foscarnet
16	<input type="radio"/> atenolol	63	<input type="radio"/> gabapentin
17	<input type="radio"/> atorvastatin	64	<input type="radio"/> gatifloxacin
18	<input type="radio"/> azithromycin	65	<input type="radio"/> gemfibrozil
19	<input type="radio"/> baclofen	66	<input type="radio"/> hydrochlorothiazide (HCTZ)
20	<input type="radio"/> bupropion	67	<input type="radio"/> hydrochlorothiazide (HCTZ)/methyldopa
21	<input type="radio"/> buspirone	68	<input type="radio"/> hydrochlorothiazide (HCTZ)/metoprolol
22	<input type="radio"/> butalbital/aspirin	69	<input type="radio"/> hydrochlorothiazide (HCTZ)/triamterene
23	<input type="radio"/> butalbital/aspirin/caffeine (BAC)	70	<input type="radio"/> imiquimod
24	<input type="radio"/> calcitrol	71	<input type="radio"/> insulin (inhaled or injectable)
25	<input type="radio"/> capreomycin	72	<input type="radio"/> interferon alphacon-1
26	<input type="radio"/> cetirizine	73	<input type="radio"/> interferon alfa 2a
27	<input type="radio"/> chlorpropamide	74	<input type="radio"/> interferon alfa 2b
28	<input type="radio"/> cimetidine	75	<input type="radio"/> iodoquinol
29	<input type="radio"/> ciprofloxacin	76	<input type="radio"/> isoniazid (INH)
30	<input type="radio"/> citalopram	77	<input type="radio"/> isoniazid (INH)/pyrazinamide (PZA)/rifampin
31	<input type="radio"/> clonazepam	78	<input type="radio"/> isoniazid (INH)/rifampin
32	<input type="radio"/> cromolyn	79	<input type="radio"/> kanamycin
33	<input type="radio"/> cycloserine	80	<input type="radio"/> lansoprazole
34	<input type="radio"/> cyclosporine	81	<input type="radio"/> lansoprazole/amoxicillin/clarithromycin
35	<input type="radio"/> dapsone (DDS)	82	<input type="radio"/> levofloxacin
36	<input type="radio"/> darifenacin	83	<input type="radio"/> levothyroxine
37	<input type="radio"/> dexamethasone	84	<input type="radio"/> lisinopril
	<input type="radio"/> diphenhydramine		<input type="radio"/> lithium

149 Other, Specify: _____

150 Other, Specify: _____

151 Other, Specify: _____

X. LABORATORY TESTING – FREQUENTLY REPEATED TESTS

Is there documentation of any of the following frequently repeated laboratory tests done at this visit?

Yes → Enter all that are documented below *on the visit form for the date the specimen was collected.*

No

CD4 & HIV VIRAL LOAD

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
1 <input type="radio"/> CD4 cell count						Cells/ mm ³ or µL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
2 <input type="radio"/> CD4 cell %						% <input type="radio"/> Units not documented
3 <input type="radio"/> HIV viral load				<input type="radio"/>		Copies/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
					<input type="radio"/> Lower Limit of Detection for HIV Viral Load Test Used: → _____ <input type="radio"/> Lower Limit NOT documented	

X. LABORATORY TESTING – FREQUENTLY REPEATED TESTS cont'd

GLUCOSE REGULATION TESTS

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
4 <input type="radio"/> FBG (FBS, Fasting blood glucose)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
5 <input type="radio"/> Hemoglobin A1c (HbA1c)						% <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

HEMATOLOGY TESTS

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
6 <input type="radio"/> WBC (White blood cell Or Leukocyte count)						Thousands/ mm ³ or μ L ($\times 10^3$ / mm ³ or μ L) <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
7 <input type="radio"/> RBC (Red blood cell Or Erythrocyte count)						Millions/ mm ³ or μ L ($\times 10^6$ / mm ³ or μ L) <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
8 <input type="radio"/> Hemoglobin (Hgb, Hb)						g/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
9 <input type="radio"/> Platelet count (PLT, Thrombocyte count)						Thousands/ mm ³ or μ L ($\times 10^3$ / mm ³ or μ L) <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

LIPID LEVELS

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
10 <input type="radio"/> Cholesterol, HDL (HDL-C)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
11 <input type="radio"/> Cholesterol, LDL (LDL-C)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
12 <input type="radio"/> Cholesterol, Total						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
13 <input type="radio"/> Triglycerides (TG, TRIG)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

LIVER FUNCTION TESTS (LFTs)

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
14 <input type="radio"/> Albumin (ALB)						g/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
15 <input type="radio"/> ALT (SGPT)						Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
16 <input type="radio"/> AST (SGOT)						Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
17 <input type="radio"/> Bilirubin, total						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

RENAL FUNCTION TESTS

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
18 <input type="radio"/> Creatinine (Creat, Cr)						mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
19 <input type="radio"/> Urine protein, dipstick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

XI. LABORATORY TESTING – OTHER TESTS

Is there documentation of any of the following other laboratory tests done at this visit?

Yes \rightarrow Enter all that are documented below *on the visit form for the date the specimen was collected.*

No

CHEMISTRY TESTS

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
20 <input type="radio"/> Urine protein, 24 hour						mg/24 hours <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

21

Urinary hCG



XI. LABORATORY TESTING – OTHER TESTS cont'd

INFECTIOUS DISEASE TESTS: Hepatitis A, B, C

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
22 <input type="radio"/> Anti-HAV IgG <small>(HAV Ab IgG)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
23 <input type="radio"/> Anti-HAV IgM <small>(HAV Ab IgM)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
24 <input type="radio"/> Anti-HAV total <small>(HAV Ab total)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
25 <input type="radio"/> Anti-HBc IgG <small>(HBc Ab IgG)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
26 <input type="radio"/> Anti-HBc IgM <small>(HBc Ab IgM)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
27 <input type="radio"/> Anti-HBc total <small>(HBc Ab total)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
28 <input type="radio"/> Anti-HBe (HBe Ab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
29 <input type="radio"/> Anti-HBs IgG <small>(HBs IgG Ab)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
30 <input type="radio"/> Anti-HBs total <small>(HBs Ab)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
31 <input type="radio"/> HBeAg <small>(Hepatitis B e-antigen)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
32 <input type="radio"/> HBsAg <small>(Hepatitis B surface antigen)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
33 <input type="radio"/> HBV DNA (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
					Lower Limit of Detection for HBV DNA (PCR) Test Used: → <input style="width: 150px; height: 20px;" type="text"/>	
					Lower Limit of Detection NOT documented	

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
34 <input type="radio"/> Anti-HCV, EIA, or RIBA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
35 <input type="radio"/> HCV genotype						
36 <input type="radio"/> HCV RNA qualitative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
37 <input type="radio"/> HCV RNA quantitative (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
					Lower Limit of Detection for HCV RNA (PCR) Test Used: → <input style="width: 150px; height: 20px;" type="text"/>	
					Lower Limit of Detection NOT documented	

INFECTIOUS DISEASE TESTS: Human Papillomavirus (HPV), Syphilis, Toxoplasma

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
38 <input type="radio"/> HPV DNA (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
					Lower Limit of Detection for HPV DNA (PCR) Test Used: → <input style="width: 150px; height: 20px;" type="text"/>	
					Lower Limit of Detection NOT documented	
39 <input type="radio"/> Dark field microscopy <small>(Immunofluorescent stain for <i>T. pallidum</i> / syphilis)</small>	<input type="radio"/>	<input type="radio"/>				
40 <input type="radio"/> FTA-ABS (FTA,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
41 <input type="radio"/> RPR (Non-treponemal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			titer
42 <input type="radio"/> TPHA (TP-PA, MHA-TP,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
43 <input type="radio"/> VDRL (Non-treponemal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			titer
44 <input type="radio"/> Anti-Toxoplasma IgG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

XI. LABORATORY TESTING – OTHER TESTS cont'd

INFECTIOUS DISEASE TESTS: Chlamydia, Gonorrhea, Trichomonas

45 Chlamydia Tests <small>(CT, C. trachomatis tests)</small>	Result			Site of Specimen Collection (select one for each test performed)							
	Pos(+)	Neg(-)	Indeterminate	Anorectal	Cervical	Lymph node	Ocular	Pharyngeal	Urethral (swab)	Urine	NOS
1 Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 DFA*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 EIA (ELISA)†	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 NAAT‡	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Nucleic acid probe§	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Test not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46 Gonorrhea Tests <small>(GC, N. gonorrhoea tests)</small>	Result			Site of Specimen Collection (select one for each test performed)							
	Pos(+)	Neg(-)	Indeterminate	Anorectal	Cervical	Lymph node	Ocular	Pharyngeal	Urethral (swab)	Urine	NOS
1 Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Gram stain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 NAAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Nucleic acid probe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Test not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47 Trichomonas Tests <small>(T. vaginalis tests)</small>	Result			Site of Specimen Collection (select one for each test performed)							
	Pos(+)	Neg(-)	Indeterminate	Anorectal	Cervical	Lymph node	Ocular	Pharyngeal	Urethral (swab)	Urine	NOS
1 Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
2 EIA / other molecular assay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
3 Wet mount	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
4 Test not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

*DFA = Direct fluorescent antibody
†EIA (ELISA) = Enzyme-linked immunoassay
‡NAAT = Nucleic acid amplification test (usually done on urine specimen, sometimes on cervical / urethral swabs)
§Nucleic acid probe – Also known as DNA probe assay, direct hybridization probe test

INFECTIOUS DISEASE TESTS: Drug Resistance

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
48 Resistance test for INH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
49 Resistance test for Rifampicin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

50 **Genotypic ART resistance test (Select one below)**

Select all ART classes documented with resistance and/or possible resistance:

1 Resistance reported →	<input type="radio"/> FI	<input type="radio"/> PI	<input type="radio"/> NRTI	<input type="radio"/> NNRTI	<input type="radio"/> ART classes not specified
2 Possible resistance reported →	<input type="radio"/> FI	<input type="radio"/> PI	<input type="radio"/> NRTI	<input type="radio"/> NNRTI	<input type="radio"/> ART classes not specified
3 No resistance reported					
4 Indeterminate result					
5 Test result not documented					
6 Documented that genotypic resistance testing was not done					
7 Genotypic resistance testing not documented					

51 **Phenotypic ART resistance test (Select one below)**

Select all ART classes documented with resistance and/or intermediate resistance:

1 Resistance reported →	<input type="radio"/> FI	<input type="radio"/> PI	<input type="radio"/> NRTI	<input type="radio"/> NNRTI	<input type="radio"/> ART classes not specified
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<input type="radio"/>	² Intermediate resistance reported →	<input type="radio"/>	FI	<input type="radio"/>	PI	<input type="radio"/>	NRTI	<input type="radio"/>	NNRTI	<input type="radio"/>	ART classes not specified
<input type="radio"/>	³ No resistance reported										
<input type="radio"/>	⁴ Indeterminate result										
<input type="radio"/>	⁵ Test result not documented										
<input type="radio"/>	⁶ Documented that genotypic resistance testing was not done										
<input type="radio"/>	⁷ Phenotypic resistance testing not documented										

XI. LABORATORY TESTING – OTHER TESTS cont'd

⁵² Virtual phenotypic ART resistance test (Select one below)

Select *all* ART classes documented with resistance and/or possible / intermediate resistance:

¹ Resistance reported → FI PI NRTI NNRTI ART classes not specified

² Possible/intermediate resistance reported → FI PI NRTI NNRTI ART classes not specified

³ No resistance reported

⁴ Indeterminate result

⁵ Test result not documented

⁶ Documented that genotypic resistance testing was not done

⁷ Virtual phenotypic resistance testing not documented

