


Agency information:

18-1802 Testing	
HIV Test Form	
ID	Form ID # <input type="text"/>
	Session Date <input type="text"/> 
Agency	Program Announcement <input type="text"/>
	Site <input type="text" value="Type to filter"/>

Client information: **Local Client ID# is not reported to CDC.**

Client	Local Client ID# (optional) <input type="text"/>	
	Year of Birth <input type="text"/>	
	State <input type="text" value="- Select One -"/>	
	County <input type="text" value="- Select One -"/>	
	ZIP Code <input type="text"/>	
	Client Ethnicity:	<input type="radio"/> Hispanic or Latino
		<input type="radio"/> Not Hispanic or Latino
		<input type="radio"/> Don't Know
		<input type="radio"/> Declined to Answer
	Race	<input type="checkbox"/> American Indian or Alaska Native
		<input type="checkbox"/> Asian
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White	
	<input type="checkbox"/> Not specified	
	<input type="checkbox"/> Declined to answer	
	<input type="checkbox"/> Don't know	
Assigned Sex at Birth	<input type="radio"/> Male	
	<input type="radio"/> Female	
	<input type="radio"/> Declined to Answer	
Current Gender Identity	<input type="radio"/> Male	
	<input type="radio"/> Female	
	<input type="radio"/> Transgender - MTF	
	<input type="radio"/> Transgender - FTM	
	<input type="radio"/> Transgender - Unspecified	
	<input type="radio"/> Another Gender	
	<input type="radio"/> Declined to Answer	
Has the client had an HIV test previously?	<input type="radio"/> No	
	<input type="radio"/> Yes	
	<input type="radio"/> Don't Know	

HIV test information:

**Specimen Collection Date**

**HIV Test Election**

- Anonymous
- Confidential
- Test Not Done

**Test Type**

- CLIA-waived point-of-care (POC) Rapid Test(s)
- Laboratory-based Test(s)

**Final Test Result**

- Preliminary positive
- Positive
- Negative
- Discordant
- Invalid

---

Laboratory-based Test(s)

- HIV-1 Positive
- HIV-1 Positive, possible acute
- HIV-2 Positive
- HIV Positive, undifferentiated
- HIV-1 Negative, HIV-2 Inconclusive
- HIV-1 Negative
- HIV Negative
- Inconclusive, further testing needed

**Result provided to client?**

- No
- Yes
- Yes, client obtained the result from another agency

## Negative test result

### Negative Test Result

Is the client at risk for HIV infection?

- No  
 Yes  
 Risk Not Known  
 Not Assessed
- 

Was the client screened for PrEP eligibility?

- No  Yes
- 

Is the client eligible for PrEP referral?

- No  
 Yes, CDC criteria  
 Yes, by local criteria or protocol
- 

Was the client given a referral to a PrEP provider?

- No  Yes
- 

Was the client provided with services to assist with linkage to a PrEP provider?

- No  Yes

Positive test result

Positive Test Result

Did the client attend an HIV medical care appointment after this positive test?  Yes, confirmed  
 Yes, client/patient self-report  
 No  
 Don't Know

---

Has the client ever had a positive HIV Test?  No  
 Yes  
 Don't Know

---

Was the client provided with individualized behavioral risk-reduction counseling?  No  Yes

---

Was the client's contact information provided to the health department for Partner Services?  No  Yes

---

What was the client's most severe housing status in the last 12 months?  Literally Homeless  
 Unstably housed and at-risk of losing housing  
 Stably housed  
 Not Asked  
 Declined to answer  
 Don't know

---

Positive Test Result

Is the client pregnant?  No  
 Yes  
 Don't Know  
 Declined to Answer

---

Is the client in prenatal care?  No  
 Yes  
 Don't Know  
 Declined to Answer  
 Not Asked

---

Was the client screened for the need of perinatal HIV service coordination?  No  Yes

---

Does the client need perinatal HIV service coordination?  No  Yes

---

Was the client referred for perinatal service coordination?  No  Yes

Additional test information

Additional Tests

- Was the client tested for co-infections?  No  Yes
- Was the client tested for Syphilis?  No  Yes
- Was the client tested for Gonorrhea?  No  Yes
- Was the client tested for Chlamydial infection?  No  Yes
- Was the client tested for Hepatitis C?  No  Yes

PrEP

PrEP/Risks

- Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?  No  Yes
- Is the client currently taking daily PrEP medication?  No  Yes
- Has the client used PrEP any time in the last 12 months?  No  Yes
- In the last 5 years, has the client had sex with a male?  No  Yes
- In the last 5 years, has the client had sex with a female?  No  Yes
- In the last 5 years, has the client engaged in intravenous drug use?  No  Yes

## Essential Support Services

Essential Support Services

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Linkage services to HIV medical care	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Medication adherence support	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Health benefits navigation and enrollment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes