

APPENDIX E

New Jersey Department of Health and Senior Services

Division of HIV/AIDS Services

Epidemiologic Services

Instructions on HIV Reporting Using the

HIV Test Form

A. Purpose

The purpose of these instructions is to describe the required procedures for medical providers and responsible parties on the submission of HIV specimens to the State Public Health and Environmental Laboratories (SPHL) from Counseling and Testing agencies that are funded by the New Jersey Department of Health and Senior Services (Department).

B. Completion of Form

1. Medical providers and responsible parties shall be required to use the HIV Test Form for reporting HIV cases as well as submitting HIV specimens to the SPHL.
2. Medical providers and responsible parties shall be required to complete the HIV Test Form in accordance with N.J.A.C. 8:57-2 and the Department's instructions.
3. Medical providers and responsible parties shall be required to write the name, address and telephone number of any person confirmed as testing HIV positive on the back of the yellow copy of Part I, in the spaces provided.
4. Medical providers and responsible parties shall be required to write the name and telephone number of the person completing the form on the back of the yellow copy of Part I, in the space marked "other."
5. Medical providers and responsible parties shall be required to make a photocopy of the back of the yellow copy of Part I.
6. Medical providers and responsible parties shall be required to complete Parts II and III.

C. Mailing Instructions

1. Mail the white copy of Parts I, II, and III along with the photocopy of the yellow copy of Part I to the Surveillance Unit of the Division of HIV/AIDS Services (DHAS) in envelopes supplied by the DHAS, which may be obtained by calling (609) 984-5940.
2. The completed form shall be marked confidential and treated as such.
3. The completed form is not to be sent to the DHAS along with routine HIV Test Forms completed for clients testing HIV negative.