

PATIENT INFORMATION								
Name of Patient (Last, First, MI)					Date of Report			
Patient Street Address			City		County		State	Zip Code
<b>Patient Identifiers:</b>	Medical Record Number		Prison ID Number		Patient ID Number		Social Security Number	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient Birthdate ____ / ____ / ____		Ethnicity (Select One) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown		Race (Select one or more) <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pac. Isl. <input type="checkbox"/> Unknown	
NAME OF FACILITY OR PROVIDER PRACTICE THAT ORDERED TESTS								
Name of Facility/Provider					Name of Contact Person			
Facility/Provider Full Address								
City			State	Zip Code		Main Telephone Number		
NAME OF LABORATORY								
Name of Laboratory					CLIA Code			
Street Address					Name of Contact Person			
City			State	Zip Code		Telephone Number		
LABORATORY TEST RESULTS								
Antibody Tests (Positive Results Only)	Accession Number	Date Collected	Date Tested	Manufacturer	Specimen Type (Blood Saliva, Urine, Other, Unk)	Sent to Ref. Lab		
HIV-1 EIA								
HIV-1/2 EIA								
HIV-2 EIA								
HIV-1 Western Blot								
HIV-2 Western Blot								
HIV-1 IFA								
Rapid #1								
Rapid #2								
Other:								
HIV Detection Tests	Accession Number	Date Collected	Date Tested	Results (Pos./Neg.)	Manufacturer	Specimen Type (Blood Saliva, Urine, Other, Unk)	Sent to Ref. Lab	
HIV-1 Proviral DNA (Qual)								
HIV-1 RNA-PCR (Qual)								
HIV-1 P24 Antigen								
HIV-1 Culture								
HIV-2 Culture								
Other:								
HIV Viral Load Tests	Accession Number	Date Collected	Date Tested	# of Copies/ml	Interpretation (Det./Undet.)	Manufacturer	Specimen Type (Blood Saliva, Urine, Other, Unk)	Sent to Ref. Lab
HIV-1 RNA RT-PCR (Standard)								
HIV-1 RNA RT-PCR (Ultrasensitive)								
HIV-1 bDNA								
HIV-1 RNA NASBA								
HIV-1 RNA Other:								
Immunologic Tests (CD4 <200 cells/mm3 or CD4% <14)	Accession Number	Date Collected	Date Tested	Results	Manufacturer	Specimen Type (Blood Saliva, Urine, Other, Unk)	Sent to Ref. Lab	
CD4 Count								
CD4 Percent								