

PATIENT INFORMATION					
Name of Patient (Last, First, MI)				Date of Report	
Patient Street Address		City	County	State	Zip Code
Patient Identifiers:	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"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pac. Isl. <input type="checkbox"/> White <input type="checkbox"/> Unknown		
NAME OF FACILITY OR PROVIDER PRACTICE THAT ORDERED TESTS					
Name of Facility/Provider				Accession Number	
Facility/Provider Full Address				Name of Contact Person	
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 DATA (Record all dates as mm/dd/yyyy.)					
HIV Antibody Tests (Non-type-differentiating) [HIV-1 vs. HIV-2]					
Test 1: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB <input type="checkbox"/> Other: _____					
Result: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid): Collection Date: ____/____/____					
Manufacturer: _____ Accession No.: _____ Specimen Type: _____					
Test 2: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB <input type="checkbox"/> Other: _____					
Result: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid): Collection Date: ____/____/____					
Manufacturer: _____ Accession No.: _____ Specimen Type: _____					
Test 3: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB <input type="checkbox"/> Other: _____					
Result: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid): Collection Date: ____/____/____					
Manufacturer: _____ Accession No.: _____ Specimen Type: _____					
HIV Antibody Tests (Type-differentiating) [HIV-1 vs. HIV-2]					
TEST 1: <input type="checkbox"/> HIV-1/2 Differentiating (e.g., Multispot) Accession No.: _____ Specimen Type: _____					
RESULT: <input type="checkbox"/> HIV-1 <input type="checkbox"/> HIV-2 <input type="checkbox"/> Both (undifferentiated) <input type="checkbox"/> Neither (negative) <input type="checkbox"/> Indeterminate Collection Date: ____/____/____					
HIV Detection Tests (Qualitative)					
TEST 1: <input type="checkbox"/> HIV-1 RNA/DNA NAAT(Qual) <input type="checkbox"/> HIV-1 P24 Antigen <input type="checkbox"/> HIV-1 Culture <input type="checkbox"/> HIV-2 RNA/DNA NAAT(Qual) <input type="checkbox"/> HIV-2 Culture Spec.Type: _____					
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate Collection Date: ____/____/____ Accession No.: _____					
TEST 2: <input type="checkbox"/> HIV-1 RNA/DNA NAAT(Qual) <input type="checkbox"/> HIV-1 P24 Antigen <input type="checkbox"/> HIV-1 Culture <input type="checkbox"/> HIV-2 RNA/DNA NAAT(Qual) <input type="checkbox"/> HIV-2 Culture Spec.Type: _____					
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate Collection Date: ____/____/____ Accession No.: _____					
HIV Detection Tests (Quantitative viral load) Note: Include earliest test at or after diagnosis					
TEST 1: <input type="checkbox"/> HIV-1 RNA/DNA NAAT(Quantitative viral load) Accession No.: _____ Specimen Type: _____					
RESULT: <input type="checkbox"/> Detectable <input type="checkbox"/> Undetectable Copies/mL: _____ Log: _____ Collection Date: ____/____/____					
TEST 2: <input type="checkbox"/> HIV-1 RNA/DNA NAAT(Quantitative viral load) Accession No.: _____ Specimen Type: _____					
RESULT: <input type="checkbox"/> Detectable <input type="checkbox"/> Undetectable Copies/mL: _____ Log: _____ Collection Date: ____/____/____					
Immunologic Tests (CD4 counts and percentage)					
CD4 Test 1:		Accession No.:	CD4 Count: _____ cells/µL	CD4 Percentage _____ %	Collection Date ____/____/____
		Specimen Type: _____			
CD4 Test 2:		Accession No.:	CD4 Count: _____ cells/µL	CD4 Percentage _____ %	Collection Date ____/____/____
		Specimen Type: _____			
CD4 Test 3:		Accession No.:	CD4 Count: _____ cells/µL	CD4 Percentage _____ %	Collection Date ____/____/____
		Specimen Type: _____			
Documentation of Tests					
Did documented laboratory test results meet approved HIV diagnostic algorithm criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If YES, provide date (specimen collection date if known) of earliest positive test for this algorithm: ____/____/____					
Complete the above only if none of the following was positive: HIV-1 Western blot, IFA, culture, p24 Ag test, viral load, or qualitative NAAT (RNA or DNA).					
If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If YES, provide date of diagnosis: ____/____/____					
Date of last documented negative HIV test (before HIV diagnosis date): ____/____/____ Specify type of test: _____					