New Jersey Department of Health / HIV, STD and TB Services
PO Box 363, Trenton, NJ 08625-0363

CONFIDENTIAL LAB REPORTING FORM

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 | Other ID Type | ID No.

Sex ☐ Male ☐ Female | Patient Birthdate ____ / ____ / _____ | Ethnicity (Select One) ☐ Hispanic ☐ Not Hispanic ☐ Unknown | Race (Select one or more) ☐ Amer. Indian/Alaska Native ☐ Asian ☐ White ☐ Black/African American ☐ Native Hawaiian or Other Pac. Isl. ☐ Unknown | Patient Pregnant ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

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 additional tests and tests not specified below in Comments) (record all dates as mm/dd/yyyy)

HIV Immunoassays (Nondifferentiating)

TEST 1 ☐ HIV-1 IA ☐ HIV-1/2 IA ☐ HIV-1/2 Ag/Ab ☐ HIV-1 WB ☐ HIV-1 IFA ☐ HIV-2 IA ☐ HIV-2 WB

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____ ☐ **Point-of-care rapid test**

TEST 2 ☐ HIV-1 IA ☐ HIV-1/2 IA ☐ HIV-1/2 Ag/Ab ☐ HIV-1 WB ☐ HIV-1 IFA ☐ HIV-2 IA ☐ HIV-2 WB

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____ ☐ **Point-of-care rapid test**

HIV Immunoassays (Differentiating)

☐ **HIV-1/2 type-differentiating immunoassay** (differentiates between HIV-1 Ab and HIV-2 Ab)

Role of test in diagnostic algorithm ☐ Screening/initial test ☐ Confirmatory/supplemental test

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result[1] ***Overall interpretation***: ☐ HIV-1 positive ☐ HIV-2 positive ☐ HIV positive, untypable ☐ HIV-2 positive with HIV-1 cross-reactivity ☐ HIV-1 indeterminate ☐ HIV-2 indeterminate ☐ HIV indeterminate ☐ HIV negative

Analyte results: HIV-1 Ab: ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____ ☐ **Point-of-care rapid test**

HIV-2 Ab: ☐ Positive ☐ Negative ☐ Indeterminate [1]Always complete the overall interpretation. Complete the analyte results when available.

☐ **HIV-1/2 Ag/Ab differentiating immunoassay** (differentiates between HIV Ag and HIV Ab)

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result ☐ Ag positive ☐ Ab positive ☐ Both (Ag and Ab positive) ☐ Negative ☐ Invalid

Collection Date ____/____/_____ ☐ **Point-of-care rapid test**

☐ **HIV-1/2 Ag/Ab and type-differentiating immunoassay** (differentiates among HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab)

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result[2] ***Overall interpretation***: ☐ Reactive ☐ Nonreactive ☐ **Index value** _____

Analyte results: HIV-1Ag: ☐ Reactive ☐ Nonreactive ☐ Not reportable due to high Ab level **Index value** _____

HIV-1 Ab: ☐ Reactive ☐ Nonreactive ☐ Reactive undifferentiated **Index value** _____

HIV-2 Ab: ☐ Reactive ☐ Nonreactive ☐ Reactive undifferentiated **Index value** _____

Collection Date ____/____/_____ ☐ **Point-of-care rapid test** [2]Complete the overall interpretation and the analyte results.

HIV Detection Tests (Qualitative)

TEST ☐ HIV-1 RNA/DNA NAAT (Qualitative) ☐ HIV-1 culture ☐ HIV-2 RNA/DNA NAAT (Qualitative) ☐ HIV-2 culture

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____

HIV Detection Tests (Quantitative viral load) Note: Include earliest test at or after diagnosis.

TEST 1 ☐ HIV-1 RNA/DNA NAAT (Quantitative viral load) ☐ HIV-2 RNA/DNA NAAT (Quantitative viral load)

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result ☐ Detectable ☐ Undetectable **Copies/mL** _____ **Log** _____ **Collection Date** ____/____/_____

TEST 2 ☐ HIV-1 RNA/DNA NAAT (Quantitative viral load) ☐ HIV-2 RNA/DNA NAAT (Quantitative viral load)

Test brand name/Manufacturer _____ **Accession No.** _____

Facility name _____ **Specimen Type** _____

Result ☐ Detectable ☐ Undetectable **Copies/mL** _____ **Log** _____ **Collection Date** ____/____/_____

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CONFIDENTIAL LABORATORY REPORT

Laboratory Data (record additional tests and tests not specified below in Comments) (record all dates as mm/dd/yyyy)

Drug Resistance Tests (Genotypic)

TEST □ HIV-1 Genotype (Unspecified) **Test brand name/Manufacturer** _____
Lab name _____ **Accession No.** _____
Provider name _____ **Specimen Type** _____
Collection Date ____/____/_____

Immunologic Tests (CD4 count and percentage)

CD4 at or closest to diagnosis: CD4 count _____ cells/µL **CD4 percentage** _____ % **Collection Date** ____/____/_____
Test brand name/Manufacturer _____ **Accession No.** _____
Facility name _____ **Specimen Type** _____

First CD4 result <200 cells/µL or <14%: CD4 count _____ cells/µL **CD4 percentage** _____ % **Collection Date** ____/____/_____
Test brand name/Manufacturer _____ **Accession No.** _____
Facility name _____ **Specimen Type** _____

Other CD4 result: CD4 count _____ cells/µL **CD4 percentage** _____ % **Collection Date** ____/____/_____
Test brand name/Manufacturer _____ **Accession No.** _____
Facility name _____ **Specimen Type** _____

Documentation of Tests

Did documented laboratory test results meet approved HIV diagnostic algorithm criteria? □ Yes □ No □ Unknown
If YES, provide specimen collection date of earliest positive test for this algorithm ____/____/_____
*Complete the above only if none of the following were positive for **HIV-1**: Western blot, IFA, culture, viral load, qualitative NAAT (RNA or DNA), HIV-1/2 type-differentiating immunoassay (supplemental test), stand-alone p24 antigen, or nucleotide sequence.*

If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician? □ Yes □ No □ Unknown
If YES, provide date of diagnosis ____/____/_____

Date of last documented negative HIV test (before HIV diagnosis date) ____/____/_____
Specify type of test: