



0203873701

SITE ADDRESS

SITE NUMBER

LOCAL USE

LAB COPY
PLEASE SEE BACK FOR
INSTRUCTIONS

Counselor ID

PRE-TEST COUNSEL DATE

BLOOD ORAL DBS CD4/8 V. LOAD GENOTYPE GENOTYPE PLUS

RAPID TEST REACTIVE

Last Name First Name M.I.

Address

City State Zip Code

County

Phone 1 / -

Phone 2 / -

Additional Locating Information

Medicaid # SSN - -

Date of Birth / /

Country of Birth

Ethnicity (Select one)

Hispanic or Latino

Not Hispanic or Latino

Don't Know

Refused

Race (Select one or more)

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Don't Know

Refused

Hepatitis History

	A	B	C	NO
Ever had?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ever tested positive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ever vaccinated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current Gender

Male

Female

Transgender/M to F

Transgender/F to M

Pregnant

Yes

No

Don't Know

Refused

In Prenatal Care

Yes

No

Don't Know

Refused

Have you ever taken any Antiretroviral or HIV medicine? Yes No Don't Know Refused

See reverse for medicine codes and instructions

First day of ARV or HIV medication / /

Last day of ARV or HIV medication / /

Testing History Questions:

Previous HIV test?

Yes If yes, **Date** / /

No

Don't Know

Refused

Result of Last HIV Test

Positive (complete section below)

Negative

Reactive Rapid Test

Indeterminate

Don't Know

Refused

Before today, number of times tested for HIV in the past 2 years or in the 2 years before your first positive test

PREVIOUS POSITIVE USE ONLY To be completed for clients who have previously tested positive

Date of your **FIRST** positive test / /

Date of your **LAST** negative test / /

(Refused = 77/7777, Don't Know = 99/9999)

(Refused = 77/7777, Don't Know = 99/9999, Never tested negative = 88/8888)

In what STATE was your **FIRST** positive test performed

Risk Factors

	Past 12 months	EVER
Sex (vaginal or anal) with a male	<input type="radio"/>	<input type="radio"/>
Sex (vaginal or anal) with a female	<input type="radio"/>	<input type="radio"/>
Sex (vaginal or anal) with HIV-positive person	<input type="radio"/>	<input type="radio"/>
Sex (vaginal or anal) with an IDU	<input type="radio"/>	<input type="radio"/>
Sex (vaginal or anal) with an MSM	<input type="radio"/>	<input type="radio"/>
Sex (vaginal or anal) without a condom	<input type="radio"/>	<input type="radio"/>
Oral Sex	<input type="radio"/>	<input type="radio"/>
Injection drug use	<input type="radio"/>	<input type="radio"/>
If IDU, shared injection equipment	<input type="radio"/>	<input type="radio"/>
Hemophiliac/Blood recipient	<input type="radio"/>	<input type="radio"/>
Sex for drugs, money or other items	<input type="radio"/>	<input type="radio"/>
Occupational exposure	<input type="radio"/>	<input type="radio"/>
Victim of sexual assault	<input type="radio"/>	<input type="radio"/>
STD diagnosis	<input type="radio"/>	<input type="radio"/>
Perinatal exposure to HIV	<input type="radio"/>	<input type="radio"/>
Jail/Prison/Detention Center	<input type="radio"/>	<input type="radio"/>
No risk identified	<input type="radio"/>	<input type="radio"/>
Client refused to discuss risk (s)	<input type="radio"/>	<input type="radio"/>
In the past 12 months, how many different:		
Sex partners?	<input type="text"/>	<input type="text"/>
Needle-sharing partners?	<input type="text"/>	<input type="text"/>

RAPID TEST SITE USE ONLY

OraQuick Uni-Gold Clearview Other

Test Kit Lot Number Test Kit Expiration Date / /

Finger Stick Venous Blood Draw Oral Fluid

Time Test Began : Time Test Read :

REFUSED CONFIRMATORY TEST

Result Given? YES NO

Reactive
Mark **RAPID TEST REACTIVE** box at top of form

Non-Reactive
If NR, mail form to Tallahassee, see reverse for instructions

2nd RAPID TEST 2nd test **MUST** be a different brand **AND** sites must have Bureau of HIV/AIDS approval

2nd Sample OraQuick Uni-Gold Clearview Other

Finger Stick Venous Blood Draw

Test Kit Lot Number Test Kit Expiration Date / /

Time Test Began : Time Test Read :

REFUSED CONFIRMATORY TEST

Result Given? YES NO

Reactive
Mark **RAPID TEST REACTIVE** box at top of form

If 2nd rapid test is Non-Reactive:
Mark **RAPID TEST REACTIVE** box at top of form, and send confirmatory specimen to lab