



Printed Barcode

HIV TEST FORM PART 1



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

Agency	Session Date (MMDDYYYY)	Unique Agency ID Number	Intervention ID
	Site ID	Site Type	Site Zip Code

(See codes on reverse)

Client	Client ID	Date of Birth (MMDDYYYY)	State	County	Zip Code
	Ethnicity	Race - Check all that apply	Current Gender	Previous HIV Test?	Self-Reported Result

Hispanic or Latino
 Not Hispanic or Latino
 Don't know
 Declined

American Ind./AK Native
 Asian
 Black/African American
 Native HI/Pac. Islander
 White
 Don't know Declined

Male
 Female
 Transgender - M2F
 Transgender - F2M

Yes
 No
 Don't know
 Declined
 Not asked

Positive Indeterminate
 Negative Don't know
 Prelim. Pos. Declined
 Not asked

Provide date of last test (MMYYYY)

HIV Test Information	Sample Date (MMDDYYYY)			
	Worker ID			
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 1	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 2	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 3
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)			

Indeterminate Invalid No result

Declined notification
 Did not return/Could not locate
 Obtained results from another agency

Yes
 Client declined confirmatory test
 Did not return/Could not locate
 Referred to another agency
 Other

Choose one if: Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had: ...without using a condom?

Vaginal or Anal Sex Oral Sex ...with person who is an IDU?

With Male ...with person who is MSM?

With Female ...with person who is HIV positive?

Injection Drug Use (IDU)

Has client used injection drugs in past 12 months?

if marked
Did client share drug injection equipment?

Other Risk Factor(s)

(see codes on reverse)

Session Activity	Local Use Fields	CDC Use Fields
During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes <input type="radio"/> No	L1	C1
Other Session Activities (see codes on reverse)	L2	C2

Client Identifying Data (Optional)

Name: _____
 Address: _____
 Phone: _____ Other: _____

Codes for Site Type

F01	Inpatient Facility	F02.88	Outpatient Facility- Other
F01.01	Inpatient Hospital	F02.99	Outpatient Facility- Unknown
F01.50	Inpatient- Drug / Alcohol Treatment	F03	Emergency Room
F01.88	In patient Facility- Other	F04.01	Blood Bank, Plasma Center
F01.99	Inpatient Facility- Unknown	F04.05	HIV Counseling and Testing Site
F02	Outpatient facility	F06	Community Setting
F02.03	Outpatient- Private Medical Practice	F06.01	Community Setting – AIDS Service Organization – non clinical
F02.04	Outpatient- HIV Specialty Clinic	F06.02	Community Setting – School/Education Facility
F02.10	Outpatient- Prenatal/ OBGYN Clinic	F06.03	Community Setting – Church/Mosque/Synagogue/Temple
F02.12	Outpatient- TB Clinic	F06.04	Community Setting – Shelter/Transitional housing
F02.12	Outpatient- Drug / Alcohol Treatment Clinic	F06.05	Community Setting – Commercial
F02.19	Outpatient- Family Planning	F06.06	Community Setting – Residential
F02.20	Outpatient- Community Mental Health	F06.07	Community Setting – Bar/Club/Adult Entertainment
F02.30	Outpatient- Community Health Clinic	F06.08	Community Setting – Public Area
F02.58	Outpatient- School/University Clinic	F06.09	Community Setting – Workplace
F02.60	Outpatient- Health Department/Public Health Clinic	F06.10	Community Setting – Community Center
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	F06.88	Community Setting – Other
F02.62	Outpatient- Health Department/Public Health Clinic-STD	F07	Correctional Facility
		F88	Facility – Other

Codes for Other Risk factor(s)

01	Exchange sex for drugs/money/or something they need
02	While intoxicated and/or high on drugs
05	With person of unknown HIV status
06	With person who exchanges sex for drugs/money
08	With anonymous partner
09	With person who has hemophilia or transfusion/transplant recipient
11	Sex with transgender

Codes for Other Session Activities

03.00	HIV Testing	10.07	Practice – Partner notification
04.00	Referral	10.66	Practice – Other
05.00	Personalized Risk assessment	11.01	Discussion – Sexual risk reduction
06.00	Elicit Partners	11.02	Discussion – IDU risk reduction
07.00	Notification of exposure	11.03	Discussion – HIV testing
08.01	Information – HIV/AIDS transmission	11.04	Discussion – Other sexually transmitted diseases
08.02	Information-Abstinence/postpone sexual activity	11.05	Discussion – Disclosure of HIV status
08.03	Information-Other sexually transmitted diseases	11.06	Discussion – Partner notification
08.04	Information-Viral hepatitis	11.07	Discussion – HIV medication therapy adherence
08.05	Information – Availability of HIV/STD counseling and testing	11.08	Discussion – Abstinence/postpone sexual activity
08.06	Information-Availability of partner notification and referral services	11.09	Discussion – IDU risk free behavior
08.07	Information – Living with HIV/AIDS	11.10	Discussion – HIV/AIDS transmission
08.08	Information – Availability of social services	11.11	Discussion – Viral hepatitis
08.09	Information – Availability of medical services	11.12	Discussion – Living with HIV/AIDS
08.10	Information – Sexual risk reduction	11.13	Discussion – Availability of HIV/AIDS counseling testing
08.11	Information – IDU risk reduction	11.14	Discussion – Availability of partner notification and referral services
08.12	Information – IDU risk free behavior	11.15	Discussion – Availability of social services
08.13	Information – Condom/barrier use	11.16	Discussion – Availability of medical services
08.14	Information – Negotiation / Communication	11.17	Discussion – Condom/barrier use
08.15	Information – Decision making	11.18	Discussion – Negotiation / Communication
08.16	Information – Disclosure of HIV status	11.19	Discussion – Decision making
08.17	Information – Providing prevention services	11.20	Discussion – Providing prevention services
08.18	Information – HIV testing	11.21	Discussion – Alcohol and drug use prevention
08.19	Information – Partner notification	11.22	Discussion – Sexual health
08.20	Information – HIV medication therapy adherence	11.23	Discussion – TB testing
08.21	Information – Alcohol and drug use prevention	11.66	Discussion – Other
08.22	Information – Sexual health	12.01	Other testing – Pregnancy
08.23	Information – TB testing	12.02	Other testing – STD
08.66	Information – Other	12.03	Other testing – Viral hepatitis
09.01	Demonstration – Condom/barrier use	12.04	Other testing – TB
09.02	Demonstration – IDU risk reduction	13.01	Distribution – Male condoms
09.03	Demonstration – Negotiation / Communication	13.02	Distribution – Female condoms
09.04	Demonstration – Decision making	13.03	Distribution – Safe sex kits
09.05	Demonstration – Disclosure of HIV status	13.04	Distribution – Safer injection / bleach kits
09.06	Demonstration – Providing prevention services	13.05	Distribution – Lubricants
09.07	Demonstration – Partner notification	13.06	Distribution – Education materials
09.66	Demonstration – Other	13.07	Distribution – Referral lists
10.01	Practice – Condom/barrier use	13.08	Distribution – Role model stories
10.02	Practice – IDU risk reduction	13.66	Distribution – Other
10.03	Practice – Negotiation / Communication	14.01	Post-intervention follow up
10.04	Practice – Decision making	14.02	Post-intervention booster session
10.05	Practice – Disclosure of HIV status	15.00	HIV Testing History Survey
10.06	Practice – Providing prevention services	88	Other

Form ID stickers
(n=8)



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HIV TEST FORM PART 2



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CDC requires the following information on confirmed positives

Referrals

Was client referred to medical care?

- Yes → If yes, did client attend the first appointment? Yes No Don't know
- No → If no, why? Client already in care Client declined care

Was client referred to HIV Prevention services?

- Yes
 No

Was client referred to PCRS?

- Yes
 No

If female, is client pregnant?

- Yes → If yes, in prenatal care? Yes No Don't know
- No Declined Not asked → If no, was client referred for prenatal care? Yes No
- Declined Not asked → If yes, did client attend first prenatal care appointment? Yes No Don't know

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Local Use Fields

L3		L8		L13	
L4		L9		L14	
L5		L10		L15	
L6		L11		L16	
L7		L12		L17	

CDC Use Fields

C3		C6	
C4		C7	
C5		C8	

Notes (Print Only)

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan

YELLOW COPY = Record Keeping

CDC 50.135b (E), 10/2007



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HIV TEST FORM PART 3



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HIV Incidence

Date information collected? (MMDDYYYY)

Date first positive HIV test: (MMDDYYYY)

Has client ever tested negative?
 Yes
 No
 Don't know
 Declined

Date last negative HIV test: (MMDDYYYY)

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.
 1 + =

Was client used or is client currently using antiretroviral medication (ARV)?
 Yes
 No
 Don't know
 Declined

If yes, specify antiretroviral medication?

(See codes on reverse)

Date ARV began? (MMDDYYYY)

Date of last ARV use? (MMDDYYYY)

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CDC 50.135c (E), 10/2007

Codes for Antiretroviral (ARV) medication(s)

- 22 Agenerase (amprenavir)
- 30 Aptivus (tipranavir, TPV)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
- 06 Crixivan (indinavir, IDV)
- 11 Emtriva (emtricitabine, FTC)
- 03 Epivir (lamivudine, 3TC)
- 28 Epzicom (abacavir/lamivudine, ABC/3TC)
- 25 Fortovase (saquinavir, SQV)
- 10 Fuzeon (enfuvirtide, T20)
- 19 Hepsara (adefovir)
- 02 Hivid (zalcitabine, ddC)
- 23 Hydroxyurea
- 18 Invirase (saquinavir, SQV)
- 16 Kaletra (lopinavir/ ritonavir)
- 31 Lexiva (fosamprenavir, 908)
- 07 Norvir (ritonavir, RTV)
- 33 Prezista (darunavir, DRV)
- 09 Rescriptor (delavirdine, DLV)
- 26 Retrovir (zidovudine, ZDV, AZT)
- 15 Reyataz (atazanavir, ATV)
- 08 Saquinavir (Fortavase, Invirase)
- 21 Sustiva (efavirenz, EFV)
- 13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
- 27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
- 01 Videx (didanosine, ddl)
- 14 Videx EC (didanosine, ddl)
- 17 Viracept (nelfinavir, NFV)
- 05 Viramune (nevirapine, NVP)
- 12 Viread (tenofovir DF, TDF)
- 04 Zerit (stavudine, d4T)
- 21 Ziagen (abacavir, ABC)

- 88 Other
- 99 Unspecified