

**HIV Testing Forms  
General Form Fill Instructions**

The HIV Test Forms (Part 1 and Part 2) and Lab Requisition Form will be read by an Optical Character Recognition (OCR) scanner. The accurate scanning of these forms depends on the quality of the hand-written and filled information. For optimum accuracy, follow these general rules for marking the forms:

- ◆ **DO NOT** use red ink. Use a ball point pen with **black** ink. Check to make sure that **all copies are being marked** as information is documented.
- ◆ **DO NOT** fold, staple, or wrinkle form(s).
- ◆ **DO NOT** mark on the Form ID numbers. Marking here may cause the wrong Form ID number to be scanned.
- ◆ **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.

There are three different response formats on the forms that you will use to record data. These include: text boxes, check boxes, and oval buttons. Instructions for each of these response formats are listed below:

**Text Box Fill Instructions**

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	2	3	4	5	6	7	8	9	0			

**Mark Box Fill Instructions**

Shade Circles and Ovals Like This →

Check Boxes Like This →

**Confidential testing** indicates that information such as the client’s name, site assigned identification number, social security number or any other unique identifier is placed on the form which can be linked to the person being tested. Confidential is the default test type.

**Anonymous Testing** indicates that the client’s name has not been provided. The client must present their form number ID (“P Number”), which is linked to their specimen and test results, in order to receive results at a follow-up visit.

**HIV TEST FORM – PART 1**  
**Form Fill Instructions**

**\*\*ALL FIELDS ARE REQUIRED UNLESS NOTED OTHERWISE\*\***

**General Handling of HIV TEST FORM – PART 1:**

The top copy of this form must be completed and returned to the HIV/AIDS Program on a weekly basis for every client who receives a HIV test.

If a client declines to provide any of the information requested on this form, either write “Declined” in the response boxes or mark the “declined” choice if available.

**1. CLIENT CONTACT INFORMATION SECTION**

**FIRST NAME**

Complete this field for confidential tests. Enter **first name** of the client.

**MIDDLE INITIAL (MI)**

Complete this field for confidential tests. Enter **middle initial** of the client.

**LAST NAME**

Complete this field for confidential tests. Enter **last name** of the client.

**STREET NUMBER AND NAME**

Complete this field for confidential tests. Enter the **street address** of the client’s primary residence.

**EMAIL ADDRESS**

Complete this field for confidential and anonymous tests. It is optional for anonymous tests. Record an email address where the client may receive follow-up communication regarding their HIV test.

**PHONE NUMBER**

Complete this field for confidential and anonymous tests. It is optional for anonymous tests. Enter the area code and phone number that the client can be reached at during the day.

**SOCIAL SECURITY NUMBER**

Complete this field for confidential tests. Enter the client’s 9-digit social security number. **For an anonymous, test this field is not required.**

**MEDICAID NUMBER**

If applicable and a confidential test, Enter the client’s Medicaid number in the space provided. Every client who tests confidentially should be asked if he/she has a Medicaid number. **For an anonymous test, this field is not required.**

## **2. AGENCY SECTION**

### **SESSION DATE**

Record the current date or the date that HIV testing was initiated with the client (if different than the current date) in the Session Date field. Record the date in MM/DD/YYYY format (for example, 03/01/2006).

### **UNIQUE AGENCY ID**

Enter the your agency’s unique 10 digit ID Number. This number may be different than your testing Site ID number. The Agency ID may also be known as the Data Universal Numbering System (DUNS) number.

### **INTERVENTION ID**

Enter the name of the HIV Prevention Intervention you are administering this test through. The most common options are:

- 100 HIV Counseling and Testing
- 200 HIV Screening In Health Care Setting
- 300 HIV Testing During Outreach
- 400 HIV Testing During Partner Services
- 500 HIV Testing During Mpowerment
- 600 HIV Testing During Small Group Sessions
- 700 HIV Testing During Community Promise
- 800 HIV Testing During Other Health Education/Risk Reduction Intervention (HERR)

Note: Many of the boxes in this field may not be used. A comprehensive list of Intervention Ids can be found on the HIV TEST FORM CODES list (see attached).

### **SITE TYPE**

This field identifies the type of site/setting where this HIV test is taking place. The relevant site type codes are listed on the HIV TEST FORM CODES list (see attached).

### **SITE ID**

Enter the **site identification number** that has been assigned to your agency for the site where this HIV test is being conducted. This field identifies the specific site providing HIV testing. A new site will be assigned a site number following the submission of a *Site Registration Form*. If the site ID number is less than 12 digits in length, use leading zeros (e.g., 000000000717) to completely fill in this field.

## **3. CLIENT DEMOGRAPHICS SECTION**

### **CLIENT ID**

This field is for your site use if you need it. If your agency has a system for creating unique client identification codes, enter the client’s code in this field.

### **CLIENT DATE OF BIRTH**

Complete this field for confidential and anonymous tests.  
Record month, day and year of the client's **date of birth** in MM/DD/YYYY (e.g., 01/01/1964) format.

### **STATE**

Complete this field for confidential and anonymous tests. Record the 2-letter abbreviation for the state in which the client resides.

### **COUNTY (PARISH)**

Complete this field for confidential and anonymous tests. Enter the Parish FIPS Code for the parish where the client resides. These codes are located on the HIV TEST FORMS - CODES list (see attached).

### **ZIP CODE**

Complete this field for confidential and anonymous tests. Record the 5-digit **zip code** of the client's primary residence.

### **ETHNICITY**

Check the appropriate box to indicate the client's ethnicity as either "Hispanic or Latino", or "Not Hispanic or Latino", or to indicate that they "Don't Know" or that they "Declined" to answer the question.

### **COUNTRY OF ORIGIN**

Complete this field for confidential and anonymous tests.  
Enter the name of the client's country of origin or birthplace. All client's should be asked this question and not assumed to have been born in the United States.

### **RACE**

Complete this item for all clients. Check all of the racial categories that apply to the client being tested – ask the client which racial categories apply rather than assuming a particular race for the client.

### **CURRENT GENDER**

Check the appropriate box to indicate the client's current gender as either male or female or transgender– ask the client what their current gender is rather than assuming a particular gender for the client. If a client indicates transgender, indicate whether they are Male to Female (M2F) or Female to Male (F2M).

### **PREVIOUS HIV TEST**

Record whether a client was previously tested for HIV. Check the appropriate box to indicate that:

- **Yes** - client was previously tested (If Yes, record the date (month and year) of the most recent HIV test).
- **No** - client has never been tested before for HIV.
- **Don't know**- the client does not know if they have ever been tested for HIV.
- **Declined** - the client refused to answer, or
- **Not asked**- the client was not asked this question

## **SELF REPORTED HIV STATUS**

**If the client indicates that Yes, they have previously been tested for HIV**, record the self reported test result by checking the appropriate box:

- **Positive** - client previously tested positive for HIV.
- **Negative** - client previously tested negative for HIV.
- **Prelim. Pos.**- client previously took a rapid test and received a preliminary positive result; but, did not receive or did not remember a confirmatory result.
- **Indeterminate**- client previously tested and received an indeterminate or inconclusive result.
- **Don't know** - client was tested but does not know or does not remember the result. (write in “don't know” in the blank space over the declined response)
- **Declined**- client was tested but declined to disclose the result, or
- **Not asked**- the client was not asked this question.

## **4. HIV TEST INFORMATION SECTION**

*(The following fields are collected for each test performed. They are repeated three times on a single lab form and should be recorded individually for each test. If only one or two tests are performed, the additional fields are left blank.)*

### **SAMPLE DATE**

Record the date that the specimen was collected in the Sample Date field. Record the date in MM/DD/YYYY format (e.g., 03/01/2008). This field must be completed even if the Sample Date and the Session Date are the same.

### **WORKER ID**

Enter the **7-digit HIV Counselor ID Number or HIV Testing Staff ID Number of the person completing this form and conducting this HIV test**. If a different person has completed the form than the person conducting the test, write the counselor or testing staff number of the person who primarily completed the Part 1 form in this space. Each counselor is required to have a unique identifying 7-digit number assigned by the HIV/AIDS Program in order to conduct HIV testing and or counseling – using someone else's ID number is strictly prohibited. Staff who work in more than one location are to use their assigned ID number at each location.

### **TEST ELECTION**

Indicate whether this test is anonymous, confidential or, if the client declined to test after beginning the data collection process, record that they declined.

### **TEST TYPE**

Enter the three-letter code that indicates the type of HIV testing method you are using. The list of test type codes can be found in the HIV TEST FORM CODES list (see attached) and are listed here:

ORQ – OraQuick Advance Rapid HIV 1/2 Antibody Test  
UNG – Uni-Gold Recombigen Rapid HIV 1 Antibody Test  
CSP – Clearview Stat Pack Rapid HIV 1/2 Antibody Test  
CNV – Conventional Laboratory Based Test (not rapid)

### **TEST TECHNOLOGY**

Record the type of test technology used for this test by marking either **Conventional** for a test that will be sent to the lab for processing or **Rapid** for a test that will produce a result this visit or **other** for another technology.

### **SPECIMEN TYPE**

Mark appropriate oval for type of specimen collected. Specimen Types must agree with the Test Type and Test Election information previously marked on the form.

### **TEST RESULT**

Mark the appropriate oval for the test result. If a conventional test and results were not available during the same visit, mark “No Result” meaning no result was available during this session and send the form in to HAP. Test results will later be linked back to this session using the Lab Requisition Form or the electronic transfer of laboratory test results to HAP.

### **RESULT PROVIDED**

Mark either **Yes** to indicate that the client received their result or **No**, they did not receive their result. If Conventional test and results were not available during the same visit, mark this field in the “No” oval.

### **DATE PROVIDED**

Record the date that the result was received in the Date Provided field. Record the date in MM/DD/YYYY format (e.g., 03/01/2008). Forms should not be held more than 10 days regardless of test type or test result for a client to return to receive their test result. Complete this field even if results were provided on the same day as the session and/or sample dates.

### **IF RESULTS NOT PROVIDED, WHY?**

If the results were not provided to the client, record the reason they were not provided. Indicate whether they **declined notification**, or they **did not return and could not be located**, or did they **obtain the results for another agency**.

### **IF RAPID REACTIVE, DID CLIENT PROVIDE A CONFIRMATORY SAMPLE?**

Check the appropriate box to indicate the status of confirmatory testing for preliminary positive clients:

- yes, the client provided a confirmatory sample, or
- no, the client declined confirmatory test, or
- no, the client did not return/could not be located
- client was referred to another agency for confirmation.
- The client’s preliminary result will be confirmed some **other** way.

## **5. CLIENT RISK FACTORS SECTION**

Ask the client each risk factor question and record the answer. If the client **declines to answer** or is asked but **no risk is identified**, record these answers by marking the appropriate oval in the top line of the Client Risk Factors Box. **All testing sites are required to ask clients about HIV transmission risk and record the information provided by the clients (unless this is explicitly not required in the site's HIV testing contract or memorandum of understanding with HAP).**

For the following risk factors, indicate whether the client has engaged in any of the listed activities **within the last 12 months.**

### **VAGINAL OR ANAL SEX WITH MALE**

If the client reports that they have had vaginal or anal sex with a male partner in the last 12 months, mark the corresponding box.

### **VAGINAL OR ANAL SEX WITH FEMALE**

If the client reports that they have had vaginal or anal sex with a female partner in the last 12 months, mark the corresponding box.

### **ORAL SEX WITH MALE**

If the client reports that they have had oral sex with a male partner in the last 12 months, mark the corresponding box.

### **ORAL SEX WITH FEMALE**

If the client reports that they have had oral sex with a female partner in the last 12 months, mark the corresponding box.

### **WITH A PERSON WHO IS HIV POSITIVE?**

Mark yes or no to indicate whether the client had vaginal or anal sex with a partner who is HIV positive in the last 12 months.

### **WITH A PERSON WHO IS AN IDU?**

Mark yes or no to indicate whether the client had vaginal or anal sex with a partner who is an injection drug user (IDU) in the last 12 months.

### **WITH A PERSON WHO IS A MSM?**

Mark yes or no to indicate whether the client had vaginal or anal sex with a partner who is a man who has sex with men (MSM) in the last 12 months.

### **WITHOUT USING A CONDOM?**

Mark yes or no to indicate whether the client had vaginal or anal sex without using a condom in the last 12 months.

### **INJECTION DRUG USE**

Mark yes or no to indicate whether the client has used injection drugs in the past 12 months.

**IF YES DO THEY SHARE EQUIPMENT?**

Mark yes or no to indicate whether the client shared drug injection equipment at any time when they used in the last 12 months.

**OTHER RISK FACTOR(S)**

Record the codes in the spaces provided for any additional risk factors from the last 12 months that the client discloses. Choose from the following:

Code	Risk Factors in Last 12 Months
01	Exchanged sex for drugs/money/ or something needed
02	Had sex while intoxicated and/or high on drugs
03	Had sex with person of unknown HIV status
04	Had sex with person who exchanges sex for drugs, money or something needed
05	Had sex with an anonymous partner
06	Had sex with a person who has hemophilia/transplant recipient

These codes are also listed on the HIV TEST FORMS - CODES document.

**6. SESSION ACTIVITY SECTION**

**CLIENT RISK REDUCTION PLAN DEVELOPED?**

Mark yes or no to indicate whether a risk reduction plan was developed for the client during this visit.

**OTHER SESSION ACTIVITIES**

Record the activity codes for any additional activities conducted during this session that are not part of a normal HIV Counseling and Testing session – this information is optional. These codes are listed in the HIV TEST FORM - CODES document (see attached).

**LABEL SUBMITTER’S ADDRESS ON BACK**

Write, stamp or place a sticker of the name, address, and phone number of the site conducting each HIV test on the back of the top copy of the HIV TEST FORM – PART 1.

**7. LOCAL AND CDC USE FIELDS**

**L1 – National and Statewide Events**

L1 will be used to document HIV testing activities that occur for national and local events. The following codes should be used:

- 1001 National HIV Counseling and Testing Day Event
- 1002 National Black HIV/AIDS Awareness Day Event
- 1003 National Women and Girls HIV/AIDS Awareness Day Event
- 1004 National Latino HIV/AIDS Awareness Day Event
- 1005 National Asian/Pacific Islander HIV/AIDS Awareness Day Event
- 1006 National Caribbean American HIV/AIDS Awareness Day Event
- 1007 National Native HIV/AIDS Awareness Day Event

1008 World AIDS Day Event

1009 STD Awareness Month Event

**L2, L3, L4 – Reserved for Future Use**

**CDC 1 and 2 – Reserved for Future Use**

**HIV TEST FORM – PART 2**  
**Form Fill Instructions**

**\*\*ALL FIELDS ARE REQUIRED UNLESS NOTED OTHERWISE\*\***

**General Handling of HIV TEST FORM – PART 2:**

This form must be completed and returned to the HIV/AIDS Program for every client who has a preliminary positive rapid test, a positive/reactive western blot or IFA test result and any confirmatory test result (following a preliminary positive rapid test result) even if the confirmatory results are not positive/reactive.

Part 2 should be completed after a client receives a positive/reactive HIV test result (including preliminary positive) and again after the client receives any confirmatory test result (positive, negative, or indeterminate). For clients who have a reactive rapid test, HIV TEST FORM – PART 2 should be completed two times: once after the client receives the preliminary positive result and an additional Part 2 form should be completed after the client receives the confirmatory test results.

If the Client does not return to receive test results after waiting 10 days past the scheduled appointment date (or date of the rapid test), submit the partially completed HIV TEST FORM – PART 2 to HAP so that the Regional OPH DIS office can be contacted to assist with follow-up/client notification.

**1. FORM LABEL BOX (TOP) SECTION**

**PLACE A LABEL FROM HIV TEST FORM – PART 1 OR WRITE THE FORM NUMBER HERE**

This field provides the link between the HIV Test Form Part-1 and Part 2 and the Lab Requisition Form. If a label is not available, be sure to write in clear bold letters and numbers to ensure optimum accuracy.

**2. SITE AND CLIENT VISIT INFORMATION SECTION**

**SITE ID**

Enter the **site identification number** that has been assigned to your agency for the site where the results of this client's HIV test are being delivered. This field identifies the specific site where test results were provided and may be different than the site where the test was conducted. All sites where HIV testing occurs or where HIV test results are given must be assigned a site number following the submission of a *Site Registration Form*. If the site ID number is less than 12 digits in length, use leading zeros (e.g., 000000000717) to completely fill in this field.

**WORKER ID**

Enter your **7-digit HIV Counselor ID Number or your HIV Testing Staff ID Number** in this field. Each counselor is required to have a unique identifying 7-digit number assigned by the HIV/AIDS Program in order to conduct HIV testing and or counseling –

using someone else's ID number is strictly prohibited. Staff who work in more than one location are to use their assigned ID number at each location.

**WHICH VISIT FORM COMPLETED:**

Indicate whether the client is receiving a Preliminary Positive Result or a Confirmatory Result by marking the appropriate box.

**CONFIRMATORY RESULT**

If the client is receiving a Confirmatory result, mark the appropriate oval to indicate whether the result was Positive/Reactive, Negative/NonReactive, Indeterminate or No Result.

**SESSION DATE**

Record the date of this session in which the client received results and was counseled about them. Record date in MM.DD.YYYY format (e.g., 03.01.2001). The session date recorded here may be the same as dates recorded on PART 1; however, this field must be completed.

**SITE TYPE**

This field identifies the type of site/setting where the HIV test results are being given to the client. The relevant site type codes are listed on the HIV TEST FORM CODES list (see attached).

**3. CLIENT CONTACT INFORMATION SECTION**

This section should be completed for all clients who receive any positive HIV test result. Record contact information here for clients who began testing anonymously if they now wish to switch to a confidential record, so that they may be connected to care and other support services. Also, clients who tested confidentially should be asked for their preferred contact information, which will be given to the DIS for partner services follow-up. The contact information collected on Part 2 may be different than the contact information recorded on Part 1.

Additionally, when Part 2 is completed at a return visit with any client, the client's contact information should be recorded again to ensure that the most up-to-date contact information is available.

**DOB (CLIENT DATE OF BIRTH)**

Record the client's month, day and year of birth in the format of MM.DD.YYYY (e.g., 01.01.1964).

**FIRST NAME**

Enter **first name** of the client.

**MIDDLE INITIAL (MI)**

Enter **middle initial** of the client.

**LAST NAME**

Enter **last name** of the client.

**NUMBER AND STREET ADDRESS**

Enter the **street address** of the client’s primary residence.

**CITY**

Enter the name of the **city** in which the client resides.

**STATE**

Record the 2-letter abbreviation for the state in which the client resides.

**ZIP CODE**

Record the 5-digit **zip code** of the client’s primary residence.

**PHONE NUMBER**

Enter the area code and phone number that the client can be reached at during the day.

**SOCIAL SECURITY NUMBER**

Enter the client’s 9-digit social security number.

**EMAIL ADDRESS**

Record the client’s email address.

**4. FOR WOMEN ONLY SECTION**

**IS CLIENT PREGNANT?**

Complete this item for all **female** clients. Mark either “yes” or “no” to indicate whether the client is pregnant or indicate that they “Don’t Know” or they “Declined” to answer the question.

**IF YES, IS SHE IN PRENATAL CARE?**

Complete this item for all **female** clients who indicate that they are pregnant. Check the appropriate box to indicate whether or not they are in prenatal care or that they “Don’t Know” or that they “Refused” to answer the question.

**IF NO, COMPLETE A REFERRAL FORM INCLUDING A REFERRAL FOR PRENATAL CARE.**

**IF YES, SHE IS IN PRENATAL CARE, WRITE WHERE BELOW**

If the pregnant client is in prenatal care, record the name of the prenatal care provider in the space provided. If you are making the referral today, also enter the name of the provider on the referral card for the client.

**5. CLIENT RISK FACTORS SECTION**

The Client Risk Factors section of HIV TEST FORM – PART 2 should be completed on all clients who test positive (including preliminary positive) after they receive their positive test results (whether or not risk was previously discussed). Many clients remember or reveal

additional risk information after receiving a positive test result that they may have forgotten or been concealing prior to receiving their positive results.

**All testing sites are required to ask clients about HIV transmission risk and record the information provided by the clients (unless this is explicitly not required in the site's HIV testing contract or memorandum of understanding with HAP).**

For the following risk factors, indicate whether the client has engaged in any of the listed activities **within the last 12 months.**

**VAGINAL OR ANAL SEX WITH MALE**

Mark “yes” or “no” to indicate whether the client has had vaginal or anal sex with a male partner in the last 12 months.

**VAGINAL OR ANAL SEX WITH FEMALE**

Mark “yes” or “no” to indicate whether the client has had vaginal or anal sex with a female partner in the last 12 months.

**ORAL SEX WITH MALE**

Mark “yes” or “no” to indicate whether the client has had oral sex with a male partner in the last 12 months.

**ORAL SEX WITH FEMALE**

Mark “yes” or “no” to indicate whether the client has had oral with a female partner in the last 12 months.

**WITH HIV +?**

Mark “yes” or “no” to indicate whether the client has had vaginal or anal sex with a partner who is HIV positive in the last 12 months.

**WITH A PERSON WHO IS AN IDU?**

Mark “yes” or “no” to indicate whether the client has had vaginal or anal sex with a partner who is an injection drug user (IDU) in the last 12 months.

**WITH A MSM?**

Mark “yes” or “no” to indicate whether the client has had vaginal or anal sex with a partner who is a man who has sex with men (MSM) in the last 12 months.

**WITHOUT USING A CONDOM?**

Mark “yes” or “no” to indicate whether the client has had vaginal or anal sex without using a condom in the last 12 months.

**INJECTION DRUG USE**

Mark “yes” or “no” to indicate whether the client has used injection drugs in the past 12 months.

**IF YES DO THEY SHARE EQUIPMENT?**

Mark “yes” or “no” to indicate whether the client shared drug injection equipment at any time when they used in the last 12 months.

**OTHER RISK FACTOR(S)**

Record the codes in the spaces provided for any additional risk factors from the last 12 months that the client discloses. Choose from the following:

Code	Risk Factors in Last 12 Months
01	Exchanged sex for drugs/money/ or something needed
02	Had sex while intoxicated and/or high on drugs
03	Had sex with person of unknown HIV status
04	Had sex with person who exchanges sex for drugs, money or something needed
05	Had sex with an anonymous partner
06	Had sex with a person who has hemophilia/transplant recipient

**IF NO RISK IS RECORDED, MARK WHY**

Ask the client each risk factor question and record the answer. If the client **declines to answer** or is asked but **no risk is identified**, record these answers by marking the appropriate oval in the top line of the Client Risk Factors Box. **All testing sites are required to ask clients about HIV transmission risk and record the information provided by the clients (unless this is explicitly not required in the site’s HIV testing contract or memorandum of understanding with HAP).**

**6. TESTING HISTORY SECTION**

**DATE OF FIRST POSITIVE TEST**

Record the date the client took the first HIV test with a positive result. Record date in MM.DD.YYYY format (e.g., 03.01.2008).

**EVER HAD (NEG) NEGATIVE TEST BEFORE?**

Mark “yes”, “no”, “Declined” or “Don’t know” to indicate whether client has ever had a negative test.

**IF YES, LAST NEGATIVE TEST DATE**

If the client indicated that they did have a previous negative test, indicate the date of the last negative test they received. Record date in MM.DD.YYYY format (e.g., 03.01.2008).

**NUMBER OF TESTS IN THE 2 YEARS BEFORE THE FIRST POSITIVE, INCLUDING FIRST POSITIVE TEST.**

In the box labeled “# of tests in 2 yrs before 1<sup>st</sup> positive” enter the number, then add 1 for the first positive test and enter that number in the box labeled “total tests”.

**HAS CLIENT USED OR IS CLIENT USING ANTIRETROVIRAL MEDICATION (HAART)?**

Mark “yes”, “no”, “Don’t know” or “Declined” to indicate whether client has ever taken any ARV or HIV medications.

**IF YES, SPECIFY MEDICATIONS (USE HAART CODES LIST)**

If the client answered yes, that they have taken ARV or HIV medications, ask them which medications and record the first 4 responses in the boxes labeled 1, 2, 3, and 4.

**DATE HAART BEGAN?**

Indicate the date the client first took ARV or HIV medications. Record date in MM.DD.YYYY format (e.g., 03.01.2001).

**DATE HAART ENDED**

If the client has stopped taking HAART, indicate the last date the client took ARV or HIV medications. Record date in MM.DD.YYYY format (e.g., 03.01.2001).

**HIV LABORATORY TEST REQUISITION FORM**  
**Form Fill Instructions**

**General Handling of HIV Laboratory Requisition Form:**

This form must be completed and sent to the Louisiana Public Health Laboratory along with any specimen being sent for HIV testing (unless the site is using LIMS).

**PLACE A LABEL FROM THE HIV TEST FORM – PART 1 OR WRITE THE FORM NUMBER HERE**

This field provides the link between the HIV Test Form – Part 1 and/or Part 2 and this form. If a label is not available, be sure to write in clear bold letters and numbers to ensure optimum accuracy.

**SENDER’S RETURN ADDRESS**

Write, stamp or place a sticker of the name, address, and phone number of the site submitting this form and specimen to the Louisiana Public Health Laboratory. **If this information is not completed, the Lab cannot process the test.**

**CLIENT DATE OF BIRTH**

This field is required for all (confidential and anonymous) tests. Record month, day and year of client’s **date of birth** in the format of MM.DD.YYYY (e.g., 01.01.1964).

**CLIENT’S BIRTH SEX**

Mark the appropriate oval to indicate the client’s birth sex as either male or female.

**IS THIS A CONFIRMATION TEST FOLLOWING A REACTIVE RAPID TEST?**

Mark the appropriate oval to indicate whether “yes” this test is to confirm a reactive rapid result or “no” it is not a confirmation test.

**IF YES, SELECT WHICH RAPID TEST WAS USED FOR SCREENING:**

If this is a confirmatory for a rapid test, enter the three-letter code that indicates the brand of rapid test you are using. The list of codes can be found in the HIV Test Form Codes list (see attached) under TEST TYPE and are listed below:

ORQ – OraQuick Advance Rapid HIV 1/2 Antibody Test  
UNG – Uni-Gold Recombigen Rapid HIV 1 Antibody Test  
CSP – Clearview Stat Pack Rapid HIV 1/2 Antibody Test

**DATE SPECIMEN WAS COLLECTED**

Record the date that the specimen was collected in MM.DD.YYYY format (e.g., 03.01.2008).

**TIME SPECIMEN WAS COLLECTED**

Record the time that the specimen was collected in the format of HH:MM and then marking “AM” or “PM” as appropriate.

**TYPE OF SPECIMEN COLLECTED**

Mark appropriate oval for type of specimen collected.

- Serum
- Plasma
- Blood
- Oral Fluid

**TEST REQUESTED FROM LAB**

For blood specimens mark “HIV-1/HIV-2” for the type of HIV test requested.

For oral fluid (OraSure) specimens mark “HIV-1” for the type of test requested.

**\*ALL OTHER SECTIONS OF THIS FORM ARE FOR LABORATORY USE ONLY\***