

Acceptance Criteria Not Met

Reason: _____

Date: _____ Initials: _____

HIV/HCV TESTING REPORT FORM

NC Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive Raleigh, NC 27607-5490

Test Requested

HIV HCV HIV and HCV

Attach Printed Label Below

Last Name [Grid]

First Name [Grid] MI [Grid]

Address [Grid]

Address [Grid]

City [Grid]

County [Grid]

State [Grid]

Zip Code [Grid]

Local Pt ID [Grid]

Date of Birth (MM/DD/CCYY) [Grid]

Medicaid Client Yes No
If yes, enter # [Grid]

Annual Exam Date (MM/DD/CCYY) [Grid]

Dx Code/ICD [Grid]

Insurance ID Number (if applicable): [Grid]

Race (mark all that apply)
 White American Indian/Alaska Native
 Black Native Hawaiian/Pacific Isles
 Asian Unknown

Ethnicity
 Hispanic Non-Hispanic
 Unknown

Gender
 Male Female Unknown
 Transgender M2F Transgender F2M Transgender Unk

If Female, pregnant?
 Yes No Unknown

EIN Number [Grid] - [Grid]

Agency Name [Grid]

NPI Number [Grid]

Program Code [Grid]

Provider Last Name [Grid]

Provider First Name [Grid]

Test Setting (mark only one)

HIV testing site Community Health Ctr Emergency Dept
 STD Clinic Prison/Jail Other Clinical
 Drug Treatment DIS Field Visit Other Non-clinical
 Family Planning PreNatal/OB Related
 TB Clinic Community Setting

Previous HIV Test?

No Yes Unknown

Current 900

History of Injection drug use

Behaviors during the last 12 months:

Vaginal/Anal sex with a MALE partner
 Vaginal/Anal sex with a FEMALE partner
 Injection drug use
 Multiple Sexual Partners

Risk Factors

Rapid Test / Other Lab HIV Tests

Sample Date (MM/DD/CCYY) [Grid]

Collector ID [Grid]

Technology

Rapid Rapid Test Used
 Conventional OraQuick
 NAAT/RNA Clearview
 Other Uni-Gold
 Other

If OTHER, Specify Rapid Test Brand [Grid]

Test Result

Negative Invalid
 Positive/Reactive No result
 Indeterminate

Rapid Test / Other Lab HIV Tests

Sample Date (MM/DD/CCYY) [Grid]

Collector ID [Grid]

Technology

Rapid Rapid Test Used
 Conventional OraQuick
 NAAT/RNA Clearview
 Other Uni-Gold
 Other

If OTHER, Specify Rapid Test Brand [Grid]

Test Result

Negative Invalid
 Positive/Reactive No result
 Indeterminate

SLPH Testing

Sample Date (MM/DD/CCYY) [Grid]

Collector ID [Grid]

Type of Sample Serum Cadaveric Fluid

Collection Time (24hr time) [Grid]

Local Use Data Fields

Local Use Field 1 [Grid]

Local Use Field 2 [Grid]

Lab Use Only

Bar Code

[Barcode Area]

3431384387