

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

#### Test Requested

HIV  HCV  HIV and HCV

Patient Information

Last Name [Grid]

First Name [Grid] MI [Grid]

Address [Grid]

Address [Grid]

City [Grid]

County [Grid]

State [Grid]

Zip Code [Grid]

Attach Printed Label Below [Large Empty Box]

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

Agency

EIN Number [Grid]

Agency Name [Grid]

NPI Number [Grid]

Program Code [Grid]

Provider Last Name [Grid]

Provider First Name [Grid]

Test Setting

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

Risk Factors

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

HIV Test Information

#### Rapid Test / Other Lab HIV Tests

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

Collector ID [Grid]

Technology  
 Rapid  Conventional  NAAT/RNA  Other  
 OraQuick  Clearview  Uni-Gold  Other

If OTHER, Specify Rapid Test Brand [Grid]

Test Result  
 Negative  Positive/Reactive  Indeterminate  
 Invalid  No result

#### Rapid Test / Other Lab HIV Tests

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

Collector ID [Grid]

Technology  
 Rapid  Conventional  NAAT/RNA  Other  
 OraQuick  Clearview  Uni-Gold  Other

If OTHER, Specify Rapid Test Brand [Grid]

Test Result  
 Negative  Positive/Reactive  Indeterminate  
 Invalid  No result

#### 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

[Large Empty Box]

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