

General Information:

The **Client Testing Form** should be used to collect information from HIV and STD testing services.

All Client Testing Forms **need to be completed** on a regular basis. Forms are considered complete when the coordinator, administrator, or quality assurance designee marks the **form status to complete (green)**. While most forms should be completed **weekly**, there are a few exceptions:

***Reactive HIV test result:** complete no later than 72 hours of an HIV reactive/positive test result. If agency has the capacity to determine acute HIV infection, submit within 1 business day. Can be completed the same day of test but should not take more than 72 hours from the date of the test. Linkage to care information should be updated once it is available, or within 7 days, whichever comes first.

***Negative HIV test result that is pending confirmation of linkage to PrEP:** follow-up/confirmation of PrEP appointment and documentation should be updated once it is available; if PrEP confirmation is documented the same day as the test session, the form should be completed on a weekly basis.

***Chlamydia, gonorrhea, and/or syphilis testing:** form can be completed after test results have been documented. NOTE: If an HIV test was also administered and there was a reactive test result submit form within 72 hours; resubmit form once the chlamydia, gonorrhea, and/or syphilis test result(s) are available.

To ensure that forms are processed correctly, fill out the forms as complete as possible. In general, one response selection is needed, unless otherwise specified.

For additional questions on data collection, please contact your DHSP program manager and/or the HTS Help Desk (HTSHelpDesk@ph.lacounty.gov).

Form section/field	Description
Administrative Information Section	
Test Session ID	The test session ID is a unique identifier for each test session. May be a numeric only ID generated by DHSP or testing agency, per DHSP specifications.
Test ID	The Test ID can be used on the consent form, QA Log, and any other documentation. It is a short number that is unique to each agency for each test record.

Agency and Program ID	<p>Field is required. The testing agency's name and testing modality corresponds to a unique program ID. Select the testing agency name, testing modality, and program ID.</p>
Session Date	<p>Field is required. Enter the date (month, day, and year) when test(s) was conducted.</p> <p><u>Note:</u> For self-test kits, record the date when the test kit was distributed (date may be different from when the client took the test).</p> <p><i>Information for HTS Summary Report:</i> Date is used to identify month and quarter of test, age of client, and timing of linkage services.</p>
Site ID	<p>Field is required to allocate test records to the correct site. Select the 8-digit site ID (assigned to the testing site by DHSP); the name of the testing site corresponding to the site ID should be verified.</p>
Counselor ID	<p>Field is required. The counselor ID is a unique 4-digit number assigned by DHSP; used to identify agency personnel administering tests. Select the four-digit testing counselor's ID.</p>
Client's Program ID or Medical Record Number (MRN)	<p>If available, record the medical record number for test clients that are screened for chlamydia, gonorrhea, syphilis, and/or hepatitis C.</p>
Client Identification Section	
First Name	<p>Field is required. Enter the client's legal first name as it appears on ID. The name provided may be used to collect information from other data sources (e.g., laboratory results and/or treatment information). If the client reports a preferred name, record this information in the notes section.</p>
Middle Initial	<p>Enter the client's middle initial (if applicable).</p>

<p>Last Name</p>	<p>Field is required. Enter the client's legal last name. The name provided may be used to collect information from other data sources (e.g., laboratory results and/or treatment information). If the client has a preferred last name, record this information in the notes section.</p>
<p>Date of Birth</p>	<p>Field is required. Enter the client's date of birth (month, day, and year). DOB is required for lab processing and to look-up information on other data systems.</p> <p><u>Note:</u> To avoid accidentally recording the current date/year or inverting numbers, double-check the date of birth.</p> <p><i>Information for HTS Summary Report:</i> Date of birth is used to identify PrEP priority populations (i.e., youth, 13-29 years of age).</p>
<p>Current Housing Status</p>	<p>Field is required. Select the response corresponding to the client's housing status, as reported by the client.</p>
<p>Client's Zip Code</p>	<p>Field is required. Enter the client's home/primary address, Zip Code component. If unable to obtain a zip code (client does not know zip code or refuses to provide address/zip code information), record the major cross streets and enter zip code as 99999.</p> <p><u>Note:</u> If client is experiencing homelessness (e.g., living on the streets, in car, homeless encampment), record the major cross streets that best reflects the area where the client stays most often and record 99999 as the Zip Code.</p>
<p>Client's Full Address: House Number</p>	<p>Enter the client's home/primary address number. If the address includes a fraction, place the fraction portion of the address in "Unit" field.</p> <p><u>Example 1:</u> Address is 600 S Commonwealth Ave, Los Angeles, CA 90005. Record "600" in this section.</p> <p><u>Example 2:</u> Address is 600 1/2 S Commonwealth Ave, Los Angeles, CA 90005. Record "600" in this section. Record "1/2" in the Unit section.</p> <p><u>Note:</u> If address cannot be obtained, leave blank and collect major cross streets and/or Zip Code. If client is experiencing homelessness, leave blank and collect Major Cross Streets.</p>

<p>Client's Full Address: Street</p>	<p>Enter the client's home/primary address, predirectional and street name component.</p> <p><u>Example:</u> Address is 600 S Commonwealth Ave, Los Angeles, CA 90005. Record "S" (predirectional component), leave an empty space and record "Commonwealth" (street name component).</p> <p>If address cannot be obtained, leave blank and collect major cross streets and/or Zip Code.</p>
<p>Client's Full Address: St, Ave, Blv, Dr</p>	<p>Enter the client's home/primary address, street name suffix component.</p> <p><u>Example:</u> Address is 600 S Commonwealth Ave, Los Angeles, CA 90005. Record "Ave" as the street name suffix component.</p> <p>If address cannot be obtained, leave blank and collect major cross streets and/or Zip Code.</p>
<p>Client's Full Address: Unit</p>	<p>Enter the client's home/primary address, unit, apartment, suite, or fraction component.</p> <p><u>Example 1:</u> If address is 600 S Commonwealth Ave, Ste 1000, Los Angeles, CA 90005. Record "1000" as the unit component (you do not need to Enter Ste).</p> <p><u>Example 2:</u> Address is 600 1/2 S Commonwealth Ave, Los Angeles, CA 90005. Record "1/2" as the unit component.</p> <p>If address cannot be obtained, leave blank and collect major cross streets and/or Zip Code.</p>
<p>Client's Full Address: City</p>	<p>Enter the client's home/primary address, city component.</p>
<p>Address Cross Streets</p>	<p>If client is currently experiencing homelessness or is not able to provide a full address, provide the major cross streets that best reflect residence or area where client stays most often.</p>
<p>Phone Number (home)</p>	<p>Enter the client's home telephone number, including area code. Telephone number is not required, but may be helpful for follow-up to obtain self-test result, linkage to care, linkage to PrEP, etc.</p>
<p>Phone Number (cell)</p>	<p>Enter the client's cellular telephone number, including area code. Telephone number is not required, but may be helpful for follow-up to obtain self-test result, linkage to care, linkage to PrEP, etc.</p>

Client Information Section	
Gender Identity	<p>Field is required. Select the response corresponding to the client's current gender, as reported by client.</p> <p><i>Information for HTS Summary Report:</i> Gender identity is used to identify PrEP priority populations (i.e., MSM reporting sex without a condom, MSM reporting meth use, Black and Latina cisgender heterosexual women, and transgender persons).</p>
Sex at Birth	<p>Field is required. Select the response corresponding to the client's sex that was documented on their birth certificate, as reported by client. <u>Note:</u> while most people will report being assigned as either "male" or "female" at birth, some states have recently expanded the sex field options on state-issued birth certificates to include female, male, and non-binary or X options as well.</p> <p><i>Information for HTS Summary Report:</i> Sex at birth is used to identify PrEP priority populations (i.e., MSM reporting sex without a condom, MSM reporting meth use, Black and Latina cisgender heterosexual women, and transgender persons).</p>
Sexual Orientation	<p>Select the response corresponding to the client's sexual orientation, as reported by the client.</p> <p><i>Information for HTS Summary Report:</i> Sexual orientation is used to identify PrEP priority populations (i.e., Black and Latina cisgender heterosexual women).</p>
Health Insurance Status	<p>Select the response corresponding to the client's health insurance status. <u>Note:</u> Clients whose insurance status is still 'pending' (e.g., Medi-Cal) are technically not insured yet and should be recorded as "Uninsured".</p>
Ethnicity	<p>Field is required. Select the response corresponding to the client's ethnicity, as reported by client. Hispanic/Latinx refers to Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The ethnicity field should be completed prior to completing the race field.</p> <p><i>Information for HTS Summary Report:</i> Ethnicity is used to identify PrEP priority populations (i.e., Black and Latina cisgender heterosexual women).</p>

<p>Race</p>	<p>Field is required. Select the response(s) corresponding to the client's race(s), as reported by client. Multiple response options allowed.</p> <p><u>Note:</u> If client has identified as Hispanic/Latinx and does not identify with any of the race options listed, <i>Not Specified</i> should be selected. If client refuses to provide information regarding their race(s), select <i>Declined</i> and leave all other race options blank.</p> <p><u>Example 1:</u> Ana identifies as Hispanic/Latinx; when asked about race, she does not identify as Asian, White, etc. The counselor can record Ethnicity as Hispanic/Latinx and select <i>Not Specified</i> in the race section.</p> <p><u>Example 2:</u> Mario identifies as Hispanic/Latinx; when asked about race, they identify as White and Black too. The counselor can record Ethnicity as Hispanic/Latinx and race as White and Black.</p> <p><u>Example 3:</u> Jane refused to provide any information on Ethnicity or Race, even after the counselor has tried to explain that all information is kept confidential and the reasons why information on race/ethnicity is important. The counselor can record "Declined" under both Ethnicity and Race.</p> <p><i>Information for HTS Summary Report:</i> Race is used to identify PrEP priority populations (i.e., Black and Latina cisgender heterosexual women).</p>
<p>Client Behavior Section</p>	
<p>Incarceration History</p>	<p>Select the response corresponding to whether the client has been incarcerated within the past 12 months.</p>
<p>Sexual Contact</p>	<p>Select the response corresponding to whether the client had sexual contact in the past 12 months. If client reports that there has not been any sexual contact in the past 12 months, leave the remaining sex-related questions blank (i.e., type of sexual contact, gender of sex partner, and anal/vaginal sex in combination with other behaviors) and skip to Substance Use section.</p> <p><i>Information for HTS Summary Report:</i> Sexual contact is used to identify PrEP priority populations (i.e., MSM reporting sex without a condom, MSM reporting meth use).</p>

<p>Type of Sexual Contact</p>	<p>Field is expected unless client did not report sexual activity in past 12 months. Select the response(s) corresponding to whether the client had any of the below types of sexual contact in the past 12 months. Multiple response options allowed:</p> <ul style="list-style-type: none"> *Anal insertive *Anal receptive *Gave oral *Got oral *Vaginal <p>If client reports that there has not been any sexual contact in the past 12 months, leave this question blank.</p>
<p>Gender of Sex Partner(s)</p>	<p>Field is expected unless client did not report sexual activity in past 12 months. Select the response(s) corresponding to the gender of the client's sex partner(s) in the past 12 months. Multiple response options allowed. If client has reported that there has not been any sexual contact in the past 12 months, leave this question blank.</p> <p><i>Information for HTS Summary Report:</i> Gender of sex partner(s) is used to identify PrEP priority populations (i.e., MSM reporting sex without a condom, MSM reporting meth use).</p>

<p>Anal or Vaginal Sex in the Past 12 Months in Combination with Other Behaviors</p>	<p>Field is expected unless client did not report anal or vaginal sexual activity in past 12 months. If the client reports having anal or vaginal sex in the past 12 months, select the response corresponding to whether anal or vaginal sex occurred in combination with any of the below behaviors (one response expected for each behavior):</p> <ul style="list-style-type: none"> *Without a condom *With more than one partner *With a partner who had other concurrent sex partner(s) *With a person on PrEP *In exchange for money, drugs, shelter, etc. *While using alcohol *While using methamphetamines *With a partner who injects non-prescribed drugs or substances *With a partner who was incarcerated within the past 12 months *With an HIV positive person *If yes (to having sex with an HIV positive person), was partner on antiretroviral therapy (ART) and virally suppressed <p>If client has reported that there has not been any sexual contact in the past 12 months (or has indicated only oral sex), leave this section blank.</p> <p><i>Information for HTS Summary Report:</i> Questions in this section are used to identify PrEP priority populations (i.e., MSM reporting sex without a condom, MSM reporting meth use, injection drug use, and having sex with an HIV positive person).</p>
<p>Substance Use</p>	<p>Select responses corresponding to whether client had any of the below substances in the past 12 months (one response expected for each item):</p> <ul style="list-style-type: none"> *Four or more alcoholic drinks in one day at least twice in one week *Injected a non-prescribed drug/substance (narcotics, hormones, etc.): <u>Note:</u> Question is specifically about injection of <i>non-prescribed</i> substances. A client may be injecting prescribed substances. Counselors should emphasize/clarify this detail. *Shared any injection equipment: <u>Note:</u> May apply to clients who report no injection of non-prescribed drugs (e.g., a client may inject prescribed substances and may or may not be sharing their injection equipment). *Cocaine, including crack cocaine *Heroin *Marijuana *Methamphetamine *Prescription opioids *Poppers <p><i>Information for HTS Summary Report:</i> Substance use questions are used to identify PrEP priority populations (i.e., MSM reporting meth use, injection drug use).</p>

Additional Background Information	
Exposure to HIV and PEP Referrals	Select the response corresponding to whether the client was exposed to HIV within the past 72 hours (3 days). If client has been exposed to HIV within the past 3 days, indicate whether the client was referred to PEP services by the testing agency/counselor.
Use of PEP	Select the response corresponding to whether the client has ever used PEP for HIV prevention.
Ever Heard of PrEP	<p>Select the response corresponding to whether the client has ever heard of PrEP.</p> <p>PrEP is currently available in pill or injection form and there are different brands of PrEP. Clients may not recognize the term 'PrEP'; counselors may consider using specific PrEP brand names (e.g., Truvada, Descovy, Apretude) as an additional probe for client's PrEP knowledge.</p> <p><u>Note:</u> Ensure that there is consistency among PrEP-related questions (e.g., if client has <i>never heard of PrEP</i>, but is <i>currently on PrEP</i>, there is an inconsistency that should be clarified).</p>
Ever Used PrEP	<p>Select the response corresponding to whether the client has ever used PrEP. If client has never used PrEP, skip questions regarding current PrEP use (i.e., "Is client currently on PrEP?", "If not currently on PrEP, has client used PrEP at any time in the past 12 months?").</p> <p><u>Note:</u> Ensure that there is consistency among PrEP-related questions (e.g., if client has <i>never used PrEP</i>, but is <i>currently on PrEP</i>, there is an inconsistency that should be clarified).</p> <p><i>Information for HTS Summary Report:</i> This response is used to identify PrEP priority populations (clients currently on PrEP are excluded from linkage to PrEP calculations).</p>
Current/Previous PrEP Use	<p>Select the response corresponding to whether the client is currently on PrEP medication. If client has ever used PrEP but is not currently on PrEP medication, proceed to identify whether client has used PrEP at any time in the past 12 months. Responses not expected for clients who have never used PrEP.</p> <p><u>Note:</u> If client is currently on PrEP, the referral and linkage to PrEP questions should be left blank.</p> <p><i>Information for HTS Summary Report:</i> This response is used to identify PrEP priority populations (clients currently on PrEP are excluded from linkage to PrEP calculations).</p>

HIV Testing Section	
HIV Testing History	<p>Select the response corresponding to whether the client has tested for HIV in the past. If the client has tested for HIV in the past, select the response corresponding to the last HIV test result, as reported by the client.</p> <p><i>Information for HTS Summary Report:</i> Only applies to forms with an overall HIV positive/reactive test, if the last HIV test result (prior to current test session) was "negative", "declined", "don't know", or is left blank, then the record is considered a 'new positive by self-report'.</p>
Rapid HIV Test Result (On-Site Testing)	<p>If a rapid HIV test (e.g., INSTI™) was conducted on site, select the response corresponding to the test result. If test was not administered, leave blank.</p> <p><u>Note:</u> A two-rapid test algorithm is no longer followed. One rapid test with a positive/reactive result is a prompt for linking clients to care and/or lab-based confirmatory testing procedures. However, if more than one HIV test was conducted during the test session, record this information on the form.</p> <p>At least one HIV test result (i.e., onsite rapid, in-home, or laboratory) should be recorded on the form for agencies conducting HIV tests.</p> <p><i>Information for HTS Summary Report:</i> Forms received with one or more HIV test result (OraQuick, Insti, Architect) will be counted as one HIV test session. Forms identified with an OraQuick test record, but no result, will be counted as an HIV test session, but will be excluded from positivity, linkage to care, and linkage to PrEP calculations.</p>
In-Home HIV Test Result	<p>If an HIV self-test kit (e.g., OraQuick®) was distributed, select the response corresponding to the test result. If client was provided with a self-test and the client did not provide a test result, please select the "Unknown" test result option. If test was not distributed, leave blank.</p> <p><u>Note:</u> A two-rapid test algorithm is no longer followed. One rapid test with a positive/reactive result is a prompt for linking clients to care and/or lab-based confirmatory testing procedures. However, if more than one HIV test was conducted during the test session, record this information on the form.</p> <p>At least one HIV test result (i.e., onsite rapid, in-home, or laboratory) should be recorded on the form for agencies conducting HIV tests.</p> <p><i>Information for HTS Summary Report:</i> Forms received with one or more HIV test result (OraQuick, Insti, Architect) will be counted as one HIV test session. Forms identified with an OraQuick test record, but no result, will be counted as an HIV test session, but will be excluded from positivity, linkage to care, and linkage to PrEP calculations.</p>

<p>HIV Ag/Ab Combo Assay Laboratory Test</p>	<p>If agency is approved to use an HIV Ag/Ab Combo Assay laboratory test (e.g., ARCHITECT), select the response corresponding to the test result. If test was not administered, leave blank.</p> <p><u>Note:</u> A two-rapid test algorithm is no longer followed. One rapid test with a positive/reactive result is a prompt for linking clients to care and/or lab-based confirmatory testing procedures. However, if more than one HIV test was conducted during the test session, record this information on the form.</p> <p>At least one HIV test result (i.e., onsite rapid, in-home, or laboratory) should be recorded on the form for agencies conducting HIV tests.</p> <p><i>Information for HTS Summary Report:</i> Forms received with one or more HIV test result (OraQuick, Insti, Architect) will be counted as one HIV test session. Forms identified with an OraQuick test record, but no result, will be counted as an HIV test session, but will be excluded from positivity, linkage to care, and linkage to PrEP calculations.</p>
<p>HIV Test Result Disclosure</p>	<p>Select the response corresponding to whether the client was informed of the HIV test result; if the HIV test consisted of a self-test, field can be left blank.</p>
<p>STD Testing Section</p>	
<p>Chlamydia, Gonorrhea, Syphilis, and Hepatitis C Testing</p>	<p>Field responses are expected for agencies with STD testing contracts. Agencies not contracted for STD testing can leave this section blank. Select the response corresponding to whether the client was provided any of the below tests and the test results, if applicable:</p> <ul style="list-style-type: none"> *Chlamydia *Gonorrhea *Syphilis *Hepatitis C - lab based test *Hepatitis C- rapid test; if the rapid test result was positive, select the response corresponding to whether a referral for hepatitis C treatment was provided. <p><i>Information for HTS Summary Report:</i> The response to this question is counted towards STD testing volume, positivity, and other calculations for STD contracts (STD-SDT, SHEx-C, Long Beach, etc.).</p>
<p>Prevention Services Section</p>	
<p>Risk Reduction Counseling</p>	<p>Select the response corresponding to whether the client was provided risk reduction counseling.</p>

<p>Provision of Condoms</p>	<p>Select the response corresponding to whether the client was provided with condoms.</p>
<p>Interest for PrEP</p>	<p>Select the response corresponding to whether the client is interested in starting PrEP; if client is currently on PrEP, question should be left blank.</p> <p><i>Information for HTS Summary Report:</i> The response to this question is used to identify PrEP priority populations (clients not interested in PrEP and not linked are excluded from linkage to PrEP calculations).</p>
<p>Referral to PrEP</p>	<p>Field is expected unless client is currently on PrEP. Select the response corresponding to whether the client was referred to a PrEP provider (e.g., PrEP navigator or PrEP medical provider). If client was referred to a PrEP provider, enter the name of the PrEP provider that client was referred to. A referral can include providing a list of providers that a client can contact on their own; if a general list of PrEP providers was issued as a referral, record the list as the name of the PrEP provider that client was referred to (e.g., "List of PrEP providers", "PrEP Centers of Excellence", etc.).</p> <p><u>Note:</u> If client refuses PrEP referral, the remaining PrEP questions can be left blank ("Where was the client referred for PrEP?", "Was client provided with linkage services to a PrEP provider?", etc.).</p> <p><i>Information for HTS Summary Report:</i> The response to this question is used to calculate PrEP linkage.</p>

<p>PrEP Linkage Services</p>	<p>Field is expected, unless client is currently on PrEP, refused PrEP referral/linkage, and/or indicated they were not interested in starting PrEP.</p> <p>Linkage to a PrEP navigator or PrEP medical provider is expected for clients with a negative/non-reactive HIV test result, are not currently on PrEP, and report one or more of the below criteria:</p> <ul style="list-style-type: none"> *MSM reporting sex without a condom *MSM reporting meth use *Black and Latina cisgender heterosexual women *Youth (13-29 years of age) *Transgender persons *All testers reporting having sex with an HIV positive partner *All testers reporting injection drug use (can include narcotics, hormones, silicon, etc.) <p><u>For Long Beach Integrated Testing Contracts:</u> Linkage to a PrEP navigator or PrEP medical provider can be recorded for clients that only received STD screening(s).</p> <p>Anyone who is interested in PrEP should also be referred/linked, even if they do not meet the above criteria.</p> <p>Select the response corresponding to whether the client was provided with linkage services to a PrEP provider (i.e., PrEP navigator or PrEP medical provider). Include the name of PrEP staff that the counselor spoke with (e.g., to follow-up, or confirm linkage) and the PrEP appointment date (month, day, and year) (include appointments with PrEP navigators or PrEP providers).</p> <p>Note: the distinction between a referral to PrEP and linkage services to PrEP is that linkage services requires that counselors actively connect clients to PrEP navigators or PrEP providers (even if it's just to set up an appointment); there is confirmation that a client met with a PrEP navigator or provider, even if the client ultimately chooses not to initiate PrEP medication.</p> <p>Information on clients who link themselves to PrEP can also be recorded here.</p>
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Other Services Section	
Referral to Other Services	<p>Field is expected for all clients, regardless of test result(s) and regardless of whether service referrals were provided. In addition to HIV counseling and testing services, some clients may need other essential services to help with HIV prevention or treatment.</p> <p>Select the response corresponding to whether the client was referred to any of the below services:</p> <ul style="list-style-type: none"> *Evidence-based Risk Reduction: These services include providing HIV and STD risk reduction information through culturally and developmentally appropriate individual or group sessions. *Health Benefits Navigation and Enrollment Services: For example, health insurance, medication assistance programs such as ADAP, etc. *Mental Health Services: These services may help improve emotional health or treat mental illness and can include assessment, therapy, crisis intervention, etc. *Social Services: For example, food, housing, transportation, domestic violence intervention, employment, medical support, and medication adherence. *Substance Use Prevention Services: These services may include prevention, treatment, and recovery support services to help reduce the impact of substance use, abuse, or addiction. *Syringe Services Program: These services may include access to sterile syringes and/or injection equipment, safe syringe disposal, overdose reversal medications (e.g., naloxone), and education/counseling related to injection/overdose risks.
Pregnancy Information Section	
Pregnancy	<p>Section only applies to test clients who report their assigned sex at birth was female or non-binary; if the question does not apply, leave this section blank.</p> <p>Select the response corresponding to whether the client is currently pregnant. If client is pregnant, select the response corresponding to whether the client is in prenatal care and, if not in prenatal care, whether the client received a referral (to prenatal care) during the test visit; also include the due date (month, day, and year).</p>

Notes	Not required but can be used by testing agency for relevant notes.
FOR HIV POSITIVE RESULTS ONLY	
Alternate Contact Information Section	
Alternate Contact: First Name	Enter the first name of the client's alternate contact.
Alternate Contact: Last Name	Enter the last name of the client's alternate contact.
Alternate Contact: Phone Number	Enter the telephone number for the client's alternate contact.
HIV Testing & Treatment History Section	
Date of First Positive HIV Test	Enter the date of the first positive HIV test (month, day, and year); may be same as date of current test date.
Ever Tested Negative	Select the response corresponding to whether the client has ever tested negative. If client has ever tested negative, enter the date of the last HIV negative test (month, day, and year).
Previous HIV Treatment	Select the response corresponding to whether the client has seen an HIV medical care provider in the past 6 months. This question is intended for clients that have previously tested positive for HIV or for clients with an unknown history of HIV testing.
HIV Laboratory Results Section	
HIV Laboratory Results	<p>Select the response corresponding to whether the client received a confirmatory HIV laboratory test. If the client received a confirmatory HIV laboratory test, select the response corresponding to whether the client was informed of the HIV laboratory test results.</p> <p><u>Note:</u> This section is intended for agencies that have onsite HIV lab-based testing capacity; however, agencies that conduct a rapid test and refer the test client to another facility or provider for confirmatory lab-based testing can complete this information if conducting follow-up with the provider.</p>
HIV Treatment & Service Referrals Section	
Risk-Reduction Counseling (for clients with an HIV positive/reactive test result)	Field is required for clients with an HIV positive/reactive result. Select the response corresponding to whether the client was provided with individualized behavioral risk-reduction counseling.
Rapid Antiretroviral Therapy	Select the response corresponding to whether the client was linked to rapid ART services.

<p>Referral to HIV Medical Care</p>	<p>Field is required for clients with an HIV positive/reactive result. Select the response corresponding to whether the client was referred to HIV medical care. If client was referred to HIV medical care, enter the name of the medical provider that client was referred to. If the client was not referred to medical care, select the response corresponding to the reason that client was not referred to medical care.</p> <p><i>Information for HTS Summary Report:</i> Clients who are already in care are excluded from linkage to HIV care calculations.</p>
<p>Linkage to HIV Medical Care</p>	<p>Field is required for clients with an HIV positive/reactive result unless client is already in care or declined care. Select the response corresponding to whether the client was provided with linkage services to HIV medical care. Also select the response corresponding to whether the client was linked to HIV medical care (e.g., if client was seen by a healthcare provider to receive HIV medical care). Include the name of the HIV medical care provider, the name of medical staff that the counselor spoke with (e.g., to follow-up, or confirm linkage), first medical care appointment date (month, day, and year), and whether the client attended the first appointment. Information on clients who link themselves to care can also be recorded here.</p> <p><u>Note:</u> The difference between a referral to HIV medical care and linkage services to HIV medical care is that linkage services require that an HTS counselor actively connect a client to an HIV care provider (e.g., scheduling an appointment for the client) whereas a referral to care is a passive connection (e.g., providing a list of HIV care providers for client to schedule own appointment).</p> <p><i>Information for HTS Summary Report:</i> If agencies report that the client was 1) linked to HIV medical care, 2) there is a medical care appointment date either for the same day or after the testing session but within 7 days, and 3) there was a confirmation that the client attended the medical care appointment (confirmed either by the client or medical provider/records) then the client is considered linked to care as reported by provider; records for clients already in care are excluded from calculations.</p>
<p>Notes</p>	<p>Not required but can be used by testing agency for relevant notes.</p>

General Information:

The **Partner Elicitation Form** is not required but can be used to collect information on any sexual partner(s) or injection drug using partner(s) identified by clients with a positive/reactive HIV test result. Use one form for each partner identified. When information on a partner is available, the partner elicitation form can be submitted the same day or as soon as the form has been completed, but should not take more than 72 hours, or no more than 1 business day if an acute HIV infection, from the date of the test.

To ensure that forms are processed correctly, fill out the forms as complete as possible. In general, one response selection is expected, when available, unless otherwise specified.

For additional questions please contact your DHSP program manager.

Form section/field	Description
Elicitation Date	Field is required. Enter the date (month, day, and year) when information on the client's partner was obtained.
Contact First Name	Enter the partner's first name.
Middle Initial	Enter the partner's middle initial.
Contact Last Name	Enter the partner's last name.
Date of Birth	Enter the partner's date of birth (month, day, and year).
House Number	Enter the partner's home address, primary address number; if the address includes a fraction, place the fraction portion of the address in "Unit" field. If the partner is experiencing homelessness or a full address cannot be obtained, leave blank and skip to Partner's home address cross streets. <u>Example 1:</u> If address is 600 S Commonwealth Ave, the primary address number is "600". <u>Example 2:</u> If address is 600 1/2 S Commonwealth Ave, record the primary address number as "600" and record the Unit component as "1/2".
Street	Enter the partner's home address, predirectional and street name component. <u>Example:</u> If address is 600 S Commonwealth Ave, the predirectional component is "S" and the street name component is "Commonwealth".
St, Ave, Blv, Dr	Enter the partner's home address, street name suffix component. <u>Example:</u> If address is 600 S Commonwealth Ave, the street name suffix component is "Ave".

Unit	<p>Enter the partner's home address, Unit component. If the address includes a fraction, place the fraction portion of the address in this field. <u>Example 1:</u> If address is 600 S Commonwealth Ave, Ste 1000, the unit component is "1000". <u>Example 2:</u> If address is 600 1/2 S Commonwealth Ave, the unit component is "1/2".</p>
City	<p>Enter the partner's home address, city component.</p>
Zip Code	<p>Enter the partner's home address, Zip Code component. If unable to obtain a zip code, record the major cross streets and enter 99999. <u>Note:</u> If partner is experiencing homelessness, record the major cross streets that best reflect residence or area where the partner stays most often, and Zip Code can be left blank. If cross streets are not available but Zip Code is available, record the Zip Code; otherwise, if major cross streets and Zip Code is not available, enter 99999 as the Zip Code.</p>
Country of Birth	<p>Enter the partner's country of birth.</p>
County of Residence	<p>Enter the partner's county of residence.</p>
Phone Number (main)	<p>Enter the partner's main telephone number, including area code.</p>
Phone Number (cell)	<p>Enter the partner's cellular telephone number, including area code.</p>
E-mail Address	<p>Enter the partner's e-mail address.</p>
Major Cross Streets	<p>Partner's home address, major cross streets (if full address or ZIP code is unavailable). Major cross streets should reflect residence or area where partner stays most often.</p>
Gender Identity	<p>Select the response corresponding to the partner's current gender, as reported by client.</p>
Ethnicity	<p>Select the response corresponding to the partner's ethnicity, as reported by client. Hispanic/Latinx refers to Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p>

Race	<p>Select the response(s) corresponding to the partner's race(s), as reported by client. Multiple response options allowed.</p> <p><u>Note:</u> If client has identified partner as Hispanic/Latinx and does not identify with any of the race options listed, <i>Not Specified</i> should be selected. If client refuses to provide information regarding their partner's race(s), select <i>Declined</i> and leave all other race options blank.</p>
Marital Status	<p>Select the response corresponding to the partner's relationship or marital status.</p>
Pregnancy Status	<p>Select the response corresponding to whether the partner is currently pregnant. Question only applies to gender non-binary, transgender male, and female partners. If question does not apply, leave blank.</p>
Notes	<p>This section can be used to provide additional information available to identify the partner.</p>