

# “CONFIRMED” HIV REPORTING FORM

PRIMARY/INDEX LAB'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE: (        ) \_\_\_\_\_ - \_\_\_\_\_ CLIA ID# \_\_\_\_\_ DATE SENT (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 BY \_\_\_\_\_

LAST NAME		FIRST NAME		MIDDLE NAME	PROVIDER'S NAME		
DATE OF BIRTH (mm/dd/yyyy)	GENDER (1=M, 2=F, 3=M-F, 4=F-M)	RACE	<input type="checkbox"/> (1) White <input type="checkbox"/> (5) American Indian/Alaska Native <input type="checkbox"/> (2) Black <input type="checkbox"/> (6) Hawaiian/Pacific Islander <input type="checkbox"/> (3) Latino <input type="checkbox"/> (9) Unknown <input type="checkbox"/> (4) Asian		Address		
					City	State CA	Zip
ACCESSION NUMBER		MED REC NO		SOC SEC NO	MD'S Name		Phone (     )
DATE DRAWN (mm/dd/yyyy)		DATE TESTED (mm/dd/yyyy)		TYPE OF TEST	<input type="checkbox"/> RAPID <input type="checkbox"/> HIV-1 EIA <input type="checkbox"/> HIV-1/2 EIA <input type="checkbox"/> HIV-1 WESTERN BLOT <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 EIA <input type="checkbox"/> HIV-2 WESTERN BLOT <input type="checkbox"/> Other: _____		

LAST NAME		FIRST NAME		MIDDLE NAME	PROVIDER'S NAME		
DATE OF BIRTH (mm/dd/yyyy)	GENDER (1=M, 2=F, 3=M-F, 4=F-M)	RACE	<input type="checkbox"/> (1) White <input type="checkbox"/> (5) American Indian/Alaska Native <input type="checkbox"/> (2) Black <input type="checkbox"/> (6) Hawaiian/Pacific Islander <input type="checkbox"/> (3) Latino <input type="checkbox"/> (9) Unknown <input type="checkbox"/> (4) Asian		Address		
					City	State CA	Zip
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*Because of severe penalties written into the law for breaches in security and confidentiality, HIV Epidemiology Program strongly suggests you **NOT email or fax** laboratory reports of HIV-indicatives results to us. HIV reports can be sent by traceable mail or courier services to:*

**Los Angeles County Department of Public Health**  
**600 South Commonwealth Avenue, 10F - Suite 1260**  
**Los Angeles, CA 90005-4001**  
**Help Desk: 213-351-8516**