

NOTIFICATION OF LABORATORY TESTING RESULTS INDICATIVE OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) BY LABORATORY TO LOCAL HEALTH DEPARTMENT

PATIENT INFORMATION

*LAST NAME		*DATE OF BIRTH (MM/DD/YYYY)	
*FIRST NAME		*GENDER	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
MIDDLE NAME		<input type="checkbox"/> Male-to-Female Transgender <input type="checkbox"/> Female-to-Male Transgender	
RACE		HISPANIC	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PATIENT ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER		MEDICAL RECORD NUMBER	
SOCIAL SECURITY NUMBER	TEST FOR PREP CLIENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CURRENTLY PREGNANT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*PROVIDER

PROVIDER NAME	
ADDRESS	
CITY	STATE ZIP CODE
PHONE	
MD'S NAME:	PHONE:

*LABORATORY

CLIA #																					
LAB NAME																					
ADDRESS																					
CITY							STATE	ZIP CODE													
PHONE																					

*Minimum Information Required for HIV Reporting

HIV IMMUNOASSAYS (NON-DIFFERENTIATING)				*Specimen Accession Number: _____		
Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Other	*DATE SPECIMEN COLLECTED (MM/DD/YYYY)	*DATE SPECIMEN TESTED (MM/DD/YYYY)	Point-of-Care Rapid Test	*RESULT (Check one per row)		
				Positive/Reactive	Negative/Non-Reactive	Indeterminate (IND)
HIV-1 Immunoassay (IA)						
HIV-1/2 Immunoassay (IA)						
HIV-1/2 Ag/Ab						
HIV-1 Western Blot						
HIV-1 RNA/DNA NAAT (Qual)						
Other:						

HIV IMMUNOASSAYS (DIFFERENTIATING)					*Specimen Accession Number: _____				
Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Other	*DATE SPECIMEN COLLECTED (MM/DD/YYYY)	*DATE SPECIMEN TESTED (MM/DD/YYYY)	Point-of-Care Rapid Test	*RESULT (Select one result)					
				Ag Reactive	Ab Reactive	Both Ag + Ab Reactive	Neither	Invalid	
HIV-1/2 Ag/Ab-Differentiating <i>(e.g. Alere Determine)</i>									

HIV IMMUNOASSAYS (TYPE-DIFFERENTIATING)					*Specimen Accession Number: _____			
Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Other	*DATE SPECIMEN COLLECTED (MM/DD/YYYY)	*DATE SPECIMEN TESTED (MM/DD/YYYY)	*RESULTS (Check one for each column)					
			Overall Interpretation	HIV-1 Ag	HIV-1 Ab	HIV-2 Ab		
HIV-1/2 Ag/Ab and Type-Differentiating <i>(e.g. Bio-Rad BioPlex 5th Generation)</i> <input type="checkbox"/> Point-of-Care Rapid Test			<input type="checkbox"/> Reactive	<input type="checkbox"/> Reactive	<input type="checkbox"/> Reactive	<input type="checkbox"/> Reactive		
			<input type="checkbox"/> Non-Reactive	<input type="checkbox"/> Non-Reactive	<input type="checkbox"/> Non-Reactive	<input type="checkbox"/> Non-Reactive		
			<input type="checkbox"/> Not Reportable due to high HIV Ab level		<input type="checkbox"/> Reactive, Undifferentiated			
HIV-1/2 Type-Differentiating			Overall Interpretation		HIV-1 Ab	HIV-2 Ab		
Role of test in diagnostic algorithm: <input type="checkbox"/> Screening/Initial <input type="checkbox"/> Confirmatory/Supplemental			<input type="checkbox"/> HIV-1 Positive <input type="checkbox"/> HIV-2 Positive <input type="checkbox"/> HIV-1 IND <input type="checkbox"/> HIV-2 IND <input type="checkbox"/> HIV IND <input type="checkbox"/> HIV Negative <input type="checkbox"/> HIV Positive, Untypable <input type="checkbox"/> HIV-2 Positive with HIV-1 Cross-Reactivity		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> IND	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> IND		
<input type="checkbox"/> Point-of-Care Rapid Test								

HIV CARE TESTS						*Specimen Accession Number: _____					
Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Other	*DATE SPECIMEN COLLECTED (MM/DD/YYYY)	*DATE SPECIMEN TESTED (MM/DD/YYYY)	*RESULT								
			<i>¹For HIV-1 Quant Viral Load, check one interpretation: <, =, or > ²For HIV-1 Genotypic tests, check one result</i>								
HIV-1 RNA/DNA NAAT (Quant Viral Load) ¹			<input type="checkbox"/> <	<input type="checkbox"/> =	_____ copies/mL		<input type="checkbox"/> Log				
HIV-1 Genotypic Tests ²			PR	RT	PR/RT	IN	PR/RT/IN	Unspecified			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Immunologic Tests (CD4)			Count: _____ cells/µL			Percentage: _____%					

Because of severe penalties written into the law for breaches in security and confidentiality, we strongly suggest you NOT email or fax laboratory reports of HIV-indicative results to us. HIV reports can be sent by traceable mail or courier services to:

Los Angeles County Department of Public Health
600 S. Commonwealth Ave, 10th Floor - Suite 1260
Los Angeles, CA 90005
Tel: (213) 351-8516
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