

# ‘POSITIVE HIV DETECTION’ REPORTING FORM

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

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 (    )	
DATE DRAWN (mm/dd/yyyy)		DATE TESTED (mm/dd/yyyy)		TYPE OF TEST	<input type="checkbox"/> HIV-1 CULTURE <input type="checkbox"/> HIV-1 PROVIRAL DNA (QUAL) <input type="checkbox"/> HIV-1 P24 ANTIGEN <input type="checkbox"/> HIV-2 CULTURE <input type="checkbox"/> HIV-1 RNA PCR (QUAL) <input type="checkbox"/> HIV Genotyping <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		
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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		
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ACCESSION NUMBER		MED REC NO		SOC SEC NO		MD'S Name (    )	
DATE DRAWN (mm/dd/yyyy)		DATE TESTED (mm/dd/yyyy)		TYPE OF TEST	<input type="checkbox"/> HIV-1 CULTURE <input type="checkbox"/> HIV-1 PROVIRAL DNA (QUAL) <input type="checkbox"/> HIV-1 P24 ANTIGEN <input type="checkbox"/> HIV-2 CULTURE <input type="checkbox"/> HIV-1 RNA PCR (QUAL) <input type="checkbox"/> HIV Genotyping <input type="checkbox"/> Other: _____		

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-indicative 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