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 | *CURRENT GENDER: ☐ Male ☐ Female ☐ Male-to-Female TG ☐ Female-to-Male TG | SEX AT BIRTH: ☐ Male ☐ Female

MIDDLE NAME

RACE: ☐White ☐Black ☐Asian ☐Hawaiian/Pacific Islander ☐American Indian/Alaska Native ☐ Unknown

HISPANIC: ☐Yes ☐No ☐Unknown

*PATIENT ADDRESS

*CITY | *STATE | *ZIP CODE

PHONE NUMBER | MEDICAL RECORD NUMBER

SOCIAL SECURITY NUMBER | TEST FOR PREP CLIENT ☐Yes ☐No | *CURRENTLY PREGNANT? ☐Yes ☐No ☐Unknown

*ORDERING FACILITY

FACILITY NAME

ADDRESS

CITY | STATE | ZIP CODE

PHONE

MD'S NAME: | PHONE:

*REPORTING LABORATORY

CLIA #

LAB NAME

ADDRESS

CITY | STATE | ZIP CODE

PHONE

HIV IMMUNOASSAYS (NON-DIFFERENTIATING)

*Specimen Accession Number:_____

Sample Type: ☐Blood ☐Saliva ☐Other

Manufacturer: _____

	*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: ☐Blood ☐Saliva ☐Other

Manufacturer: _____

	*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
HIV-1/2 Ag/Ab-Differentiating *(e.g. Alere Determine)*							

HIV IMMUNOASSAYS (TYPE-DIFFERENTIATING)

*Specimen Accession Number:_____

Sample Type: ☐Blood ☐Saliva ☐Other

Manufacturer: _____

	*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 *(e.g. Bio-Rad BioPlex 5th Generation)* ☐Point-of-Care Rapid Test			☐Reactive ☐Non-Reactive	☐Reactive ☐Non-Reactive ☐Not Reportable due to high HIV Ab level	☐Reactive ☐Non-Reactive ☐Reactive, Undifferentiated	☐Reactive ☐Non-Reactive ☐Reactive, Undifferentiated
HIV-1/2 Type-Differentiating Role of test in diagnostic algorithm: ☐Screening/Initial ☐Confirmatory/ Supplemental ☐Point-of-Care Rapid Test			Overall Interpretation: ☐HIV-1 Positive ☐HIV-2 Positive ☐HIV-1 IND ☐HIV-2 IND ☐HIV IND ☐HIV Negative ☐HIV Positive, Untypable ☐HIV-1 Pos with HIV-2 Cross-reactivity ☐HIV-2 Pos with HIV-1 Cross-reactivity		☐Positive ☐Negative ☐IND	☐Positive ☐Negative ☐IND

HIV CARE TESTS

*Specimen Accession Number:_____

Sample Type: ☐Blood ☐Saliva ☐Other

Manufacturer: _____

	*DATE SPECIMEN COLLECTED (MM/DD/YYYY)	*DATE SPECIMEN TESTED (MM/DD/YYYY)	*RESULT *[1]For HIV-1 Quant Viral Load, check one interpretation: <, =, or > *[2]For HIV-1 Genotypic tests, check one result
HIV-1 RNA/DNA NAAT (Quant Viral Load)[1]			☐ < ☐ = ☐ > _____ **copies/mL** _____ **Log**
HIV-1 Genotypic Tests[2]			PR ☐ RT ☐ PR/RT ☐ IN ☐ PR/RT/IN ☐ Unspecified ☐
Immunologic Tests (CD4)			**Count:** _____cells/µL **Percentage**: _____%
Other:			

***Minimum Information Required for HIV Reporting. Patient address, pregnancy status, and molecular results are now required to be reported by labs per change to HIV reporting regulations effective Oct 1, 2019.**

Per Cal. Tit. 17, § 2643.10 Laboratories shall not transmit reports by electronic facsimile or by e-mail or by non-traceable mail. 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