

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

*** LABORATORY REPORT NUMBER**
(Specimen Accession Number or Other Unique Specimen Identifier)

PATIENT INFORMATION			*DATE SPECIMEN TESTED			____/____/____ MM DD YYYY		
*FIRST NAME:		*LAST NAME:		MIDDLE NAME:				
*DATE OF BIRTH: ____/____/____ MM DD YYYY			PATIENT ADDRESS					
*GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male-to-Female Transgender <input type="checkbox"/> Female-to-Male Transgender			CITY		STATE		ZIP CODE	
RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown			PHONE ()					
LATINO: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			SOCIAL SECURITY NUMBER: ____ - ____ - ____					
			MEDICAL RECORD NUMBER: _____					
*PROVIDER			*LABORATORY					
PROVIDER NAME			CLIA#					
ADDRESS			LAB NAME					
CITY		STATE		ZIP CODE		ADDRESS		
PHONE ()			CITY		STATE		ZIP CODE	
MD's Name:			PHONE: ()		PHONE: ()			
HIV IMMUNOASSAYS (NON-DIFFERENTIATING)			Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
TEST 1: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB			Manufacturer: _____					
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Collection Date: ____/____/____					
TEST 2: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB			Manufacturer: _____					
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Collection Date: ____/____/____					
HIV IMMUNOASSAYS (DIFFERENTIATING)			Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
TEST: <input type="checkbox"/> HIV-1/2 Ag/Ab-Differentiating (Differentiates between HIV Ag and HIV Ab) (e.g. Determined by Alere)			Manufacturer: _____					
RESULT: <input type="checkbox"/> Ag Reactive <input type="checkbox"/> Ab Reactive <input type="checkbox"/> Both (Ab and Ag Reactive) <input type="checkbox"/> Neither (Negative) <input type="checkbox"/> Invalid/Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Collection Date: ____/____/____					
TEST: <input type="checkbox"/> HIV-1/2 Ag/Ab and Type-Differentiating (Differentiates among HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab) (e.g. Bio-Rad BioPlex "5 th Generation")			Manufacturer: _____					
RESULT: COMPLETE THE OVERALL INTERPRETATION AND ANALYTE RESULTS			Overall Interpretation: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive Index value: _____					
Analyte Results								
HIV-1 Ag: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not reportable due to high HIV Ab level			Index value: _____		Manufacturer: _____			
HIV-1 Ab: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Reactive Undifferentiated			Index value: _____		Collection Date: ____/____/____			
HIV-2 Ab: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Reactive Undifferentiated			Index value: _____					
TEST: <input type="checkbox"/> HIV-1/2 Type-Differentiating (Differentiates between HIV-1 Ab and HIV-2 Ab) (e.g. Multispot, Geenius)			Manufacturer: _____					
RESULT: <input type="checkbox"/> HIV-1 <input type="checkbox"/> HIV-2 <input type="checkbox"/> Both (Undifferentiated) <input type="checkbox"/> Neither (Negative) <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Collection Date: ____/____/____					
HIV DETECTION TESTS (QUALITATIVE)		Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown				Manufacturer: _____		
TEST: <input type="checkbox"/> HIV-1 RNA/DNA NAAT (Qual) <input type="checkbox"/> HIV-1 p24 Antigen <input type="checkbox"/> HIV-1 Culture <input type="checkbox"/> HIV-2 RNA/DNA NAAT (Qual) <input type="checkbox"/> HIV-2 Culture			RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-Reactive <input type="checkbox"/> Indeterminate					
			Collection Date: ____/____/____					
HIV DETECTION TESTS (QUANTITATIVE)		Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown				Manufacturer: _____		
TEST: <input type="checkbox"/> HIV-1 RNA/DNA NAAT (Quantitative Viral Load)			Collection Date: ____/____/____					
RESULT: <input type="checkbox"/> Undetectable < _____ Copies/mL or <input type="checkbox"/> Detectable: _____ Copies/mL, _____ Log								
IMMUNOLOGIC TESTS (CD4)		Count: _____ cells/μL Percentage: _____ %				Collection Date: ____/____/____		
HIV-1 GENOTYPE TESTS (NUCLEOTIDE SEQUENCE)		<input type="checkbox"/> PR <input type="checkbox"/> RT <input type="checkbox"/> PR/RT <input type="checkbox"/> IN <input type="checkbox"/> PR/RT/IN				Collection Date: ____/____/____		

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 South Commonwealth Avenue, 10th Floor - Suite 1260
Los Angeles, CA 90005
Tel: (213) 351-8196 or (213) 351-8516

* Minimum information required for HIV reporting