

**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)

\_\_\_\_\_

<b>PATIENT INFORMATION</b>			<b>*DATE SPECIMEN TESTED</b> MM / DD / YYYY		
<b>*FIRST NAME:</b> _____		<b>*LAST NAME:</b> _____		<b>MIDDLE NAME:</b> _____	
<b>*DATE OF BIRTH:</b> MM / DD / YYYY			PATIENT ADDRESS		
<b>*GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male-to-Female Transgender <input type="checkbox"/> Female-to-Male Transgender			CITY		STATE
			PHONE ( )		ZIP CODE
<b>RACE:</b> <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			<b>SOCIAL SECURITY NUMBER:</b> _____ - _____ - _____		
<b>LATINO:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>MEDICAL RECORD NUMBER:</b> _____		
<b>*PROVIDER</b>			<b>*LABORATORY</b>		
PROVIDER NAME			CLIA#		
ADDRESS			LAB NAME		
CITY		STATE	ZIP CODE		ADDRESS
PHONE ( )			CITY		STATE
MD's Name:			PHONE: ( )		ZIP CODE
<b>HIV IMMUNOASSAYS (NON-DIFFERENTIATING)</b>			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: ____ / ____ / ____		
<b>HIV IMMUNOASSAYS (DIFFERENTIATING)</b>			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 <sup>th</sup> Generation")			Manufacturer: _____		
RESULT: COMPLETE THE OVERALL INTERPRETATION AND ANALYTE RESULTS			Collection Date: ____ / ____ / ____		
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: ____ / ____ / ____		
<b>HIV DETECTION TESTS (QUALITATIVE)</b>		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			Collection Date: ____ / ____ / ____		
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-Reactive <input type="checkbox"/> Indeterminate					
<b>HIV DETECTION TESTS (QUANTITATIVE)</b>		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					
<b>IMMUNOLOGIC TESTS (CD4)</b>		Count: _____ cells/μL Percentage: _____ %		Collection Date: ____ / ____ / ____	
<b>HIV-1 GENOTYPE TESTS (NUCLEOTIDE SEQUENCE)</b>		<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, 10<sup>th</sup> Floor - Suite 1260  
Los Angeles, CA 90005  
Tel: (213) 351-8196 or (213) 351-8516