

THE HIV COUNSELING, TESTING, TESTING AND REFERRAL FORM



HIV Counseling, Testing and Referral Form

PART 1

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010



Printed Barcode: _____

Agency	Session Date (MMDDYYYY)	Unique Agency ID Number	Intervention ID
Site ID: _____	Site Type: _____	Site Zip Code: _____	
Client ID: _____	Date of Birth (MMDDYYYY): _____	State: _____	County: _____ Zip Code: _____
Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined	Race - Check all that apply: <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	Current Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender - M2F <input type="radio"/> Transgender - F2M	Previous HIV Test?: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked
			Self-Reported Result: <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Preim. Pos. <input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked
			Provide date of last test (MMYYYY): _____
Sample Date (MMDDYYYY): _____	Worker ID: _____		
Test Election: <input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	Test Election: <input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	Test Election: <input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	
Test Technology: <input type="radio"/> Conventional <input type="radio"/> Rapid	HIV TEST 1	Test Technology: <input type="radio"/> Conventional <input type="radio"/> Rapid	HIV TEST 2
Test Technology: <input type="radio"/> Conventional <input type="radio"/> Rapid	HIV TEST 3	Test Technology: <input type="radio"/> Conventional <input type="radio"/> Rapid	HIV TEST 3
Specimen Type: <input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	Specimen Type: <input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	Specimen Type: <input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	
Test Result: <input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	Test Result: <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	Test Result: <input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	Test Result: <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result
Result Provided: <input type="radio"/> Yes <input type="radio"/> No	Result Provided: <input type="radio"/> Yes <input type="radio"/> No	Result Provided: <input type="radio"/> Yes <input type="radio"/> No	
Date Provided (MMDDYYYY): _____	Date Provided (MMDDYYYY): _____	Date Provided (MMDDYYYY): _____	
If results not provided, why? <input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	If results not provided, why? <input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	If results not provided, why? <input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	
If rapid reactive, did client provide confirmatory sample? <input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	If rapid reactive, did client provide confirmatory sample? <input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	If rapid reactive, did client provide confirmatory sample? <input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	
Choose one if: <input type="radio"/> Client was not asked about risk factors <input type="radio"/> Client was asked, but no risk was identified <input type="radio"/> Client declined to discuss risk factors			
If client risk factor information was discussed, please mark all that apply:			
In past 12 months has client had: <input type="checkbox"/> ...without using a condom? <input type="checkbox"/> Injection Drug Use (IDU) <input type="checkbox"/> Other Risk Factor(s)			
Vaginal or Anal Sex: <input type="checkbox"/> ...with person who is an IDU? <input type="checkbox"/> Has client used injection drugs in past 12 months? <input type="checkbox"/> If needed			
With Male: <input type="checkbox"/> ...with person who is MSM? <input type="checkbox"/> Did client share drug injection equipment? <input type="checkbox"/> (see codes on reverse)			
With Female: <input type="checkbox"/> ...with person who is HIV positive? <input type="checkbox"/> (see codes on reverse)			
Session Activity During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes <input type="radio"/> No		Local Use Fields L1: _____ L2: _____	
Other Session Activities (see codes on reverse): _____		CDC Use Fields C1: _____ C2: _____	

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/A1708, Report Burden Office, 1601 Clifton Road NE, MS D-79, Atlanta, Georgia 30333, A1708, PRA 0920-0696.

AGENDA

These are the topics to be discussed at today's training:

- The HIV Test Form "at a glance"
- Instructions for completing the form
- Section by section HIV Test Form review
- Form practice
- Confidentiality training requirements

*For more detail on any parts of the form covered today, reference the HIV Test Form Manual

THE HIV TEST FORM
“AT A GLANCE”

I. REQUIRED FOR EACH TIME A CLIENT IS TESTED

HIV Counseling, Testing and Referral Form
PART 1
Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

Printed Barcode  

Agency	Session Date (MMDDYYYY)		Unique Agency ID Number		Intervention ID	
	Site ID		Site Type		Site Zip Code	
	Client ID		Date of Birth (MMDDYYYY)		State County Zip Code	
Client	Ethnicity: <input type="radio"/> Hispanic or Latino, <input type="radio"/> Not Hispanic or Latino, <input type="radio"/> Don't know, <input type="radio"/> Declined Race — Check all that apply: <input type="checkbox"/> American Ind./AK Native, <input type="checkbox"/> Asian, <input type="checkbox"/> Black/African American, <input type="checkbox"/> Native HI/Pac. Islander, <input type="checkbox"/> White, <input type="checkbox"/> Don't know, <input type="checkbox"/> Declined		Current Gender: <input type="radio"/> Male, <input type="radio"/> Female, <input type="radio"/> Transgender – M2F, <input type="radio"/> Transgender – F2M Previous HIV Test?: <input type="radio"/> Yes, <input type="radio"/> No, <input type="radio"/> Don't know, <input type="radio"/> Declined, <input type="radio"/> Not asked		Self-Reported Result: <input type="radio"/> Positive, <input type="radio"/> Indeterminate, <input type="radio"/> Negative, <input type="radio"/> Don't know, <input type="radio"/> Prelim. Pos., <input type="radio"/> Declined, <input type="radio"/> Not asked Provide date of last test (MMYYYY)	
	Sample Date (MMDDYYYY)		Worker ID			
	Test Election: <input type="radio"/> Tested anonymously, <input type="radio"/> Tested confidentially, <input type="radio"/> Declined testing		Test Election: <input type="radio"/> Tested anonymously, <input type="radio"/> Tested confidentially, <input type="radio"/> Declined testing		Test Election: <input type="radio"/> Tested anonymously, <input type="radio"/> Tested confidentially, <input type="radio"/> Declined testing	
	Test Technology: <input type="radio"/> Conventional, <input type="radio"/> Rapid, <input type="radio"/> Other		Test Technology: <input type="radio"/> Conventional, <input type="radio"/> Rapid, <input type="radio"/> Other		Test Technology: <input type="radio"/> Conventional, <input type="radio"/> Rapid, <input type="radio"/> Other	
HIV Test Information	Specimen Type: <input type="radio"/> Blood: finger stick, <input type="radio"/> Blood: venipuncture, <input type="radio"/> Rinnet spot, <input type="radio"/> Oral mucosal transudate, <input type="radio"/> Urine		Specimen Type: <input type="radio"/> Blood: finger stick, <input type="radio"/> Blood: venipuncture, <input type="radio"/> Rinnet spot, <input type="radio"/> Oral mucosal transudate, <input type="radio"/> Urine		Specimen Type: <input type="radio"/> Blood: finger stick, <input type="radio"/> Blood: venipuncture, <input type="radio"/> Rinnet spot, <input type="radio"/> Oral mucosal transudate, <input type="radio"/> Urine	
	Test Result: <input type="radio"/> Positive/Reactive, <input type="radio"/> NAAT-pos, <input type="radio"/> Negative, <input type="radio"/> Indeterminate, <input type="radio"/> Invalid, <input type="radio"/> No result		Test Result: <input type="radio"/> Positive/Reactive, <input type="radio"/> NAAT-pos, <input type="radio"/> Negative, <input type="radio"/> Indeterminate, <input type="radio"/> Invalid, <input type="radio"/> No result		Test Result: <input type="radio"/> Positive/Reactive, <input type="radio"/> NAAT-pos, <input type="radio"/> Negative, <input type="radio"/> Indeterminate, <input type="radio"/> Invalid, <input type="radio"/> No result	
	Result Provided: <input type="radio"/> Yes, <input type="radio"/> No		Result Provided: <input type="radio"/> Yes, <input type="radio"/> No		Result Provided: <input type="radio"/> Yes, <input type="radio"/> No	
	Date Provided (MMDDYYYY)		Date Provided (MMDDYYYY)		Date Provided (MMDDYYYY)	
	If results not provided, why?: <input type="radio"/> Declined notification, <input type="radio"/> Did not return/Could not locate, <input type="radio"/> Obtained results from another agency		If results not provided, why?: <input type="radio"/> Declined notification, <input type="radio"/> Did not return/Could not locate, <input type="radio"/> Obtained results from another agency		If results not provided, why?: <input type="radio"/> Declined notification, <input type="radio"/> Did not return/Could not locate, <input type="radio"/> Obtained results from another agency	
	If rapid reactive, did client provide confirmatory sample?: <input type="radio"/> Yes, <input type="radio"/> Client declined confirmatory test, <input type="radio"/> Did not return/Could not locate, <input type="radio"/> Referred to another agency, <input type="radio"/> Other		If rapid reactive, did client provide confirmatory sample?: <input type="radio"/> Yes, <input type="radio"/> Client declined confirmatory test, <input type="radio"/> Did not return/Could not locate, <input type="radio"/> Referred to another agency, <input type="radio"/> Other		If rapid reactive, did client provide confirmatory sample?: <input type="radio"/> Yes, <input type="radio"/> Client declined confirmatory test, <input type="radio"/> Did not return/Could not locate, <input type="radio"/> Referred to another agency, <input type="radio"/> Other	
Risk Factors	Choose one if: <input type="radio"/> Client was not asked about risk factors, <input type="radio"/> Client was asked, but no risk was identified, <input type="radio"/> Client declined to discuss risk factors If client risk factor information was discussed, please mark all that apply:					
	In past 12 months has client had: <input type="checkbox"/> without using a condom?		In past 12 months has client had: <input type="checkbox"/> with person who is an IDU?		In past 12 months has client had: <input type="checkbox"/> with person who is MSM?	
	With Male: <input type="checkbox"/> Vaginal or Anal Sex, <input type="checkbox"/> Oral Sex		With Male: <input type="checkbox"/> Vaginal or Anal Sex, <input type="checkbox"/> Oral Sex		With Male: <input type="checkbox"/> Vaginal or Anal Sex, <input type="checkbox"/> Oral Sex	
	With Female: <input type="checkbox"/> Vaginal or Anal Sex, <input type="checkbox"/> Oral Sex		With Female: <input type="checkbox"/> Vaginal or Anal Sex, <input type="checkbox"/> Oral Sex		With Female: <input type="checkbox"/> Vaginal or Anal Sex, <input type="checkbox"/> Oral Sex	
	Did client share drug injection equipment?		Did client share drug injection equipment?		Did client share drug injection equipment?	
	Session Activity: During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes, <input type="radio"/> No		Local Use Fields: L1, L2		CDC Use Fields: C1, C2	

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Client Identifying Data (Optional)

Name: _____
 Address: _____
 Phone: _____ Other: _____

Codes for Site Type

F01	Inpatient Facility	F02.88	Outpatient Facility- Other
F01.01	Inpatient Hospital	F02.99	Outpatient Facility- Unknown
F01.50	Inpatient- Drug / Alcohol Treatment	F03	Emergency Room
F01.88	In patient Facility- Other	F04.01	Ekod Bank, Plasma Center
F01.99	Inpatient Facility- Unknown	F04.05	HIV Counseling and Testing Site
F02	Outpatient facility	F06	Community Setting
F02.03	Outpatient- Private Medical Practice	F06.01	Community Setting – AIDS Service Organization– non clinical
F02.04	Outpatient- HIV Specialty Clinic	F06.02	Community Setting – School/Education Facility
F02.10	Outpatient- Prenatal/ OB/GYN Clinic	F06.03	Community Setting – Church/Mosque/Synagogue/Temple
F02.12	Outpatient- TB Clinic	F06.04	Community Setting – Site near Transitional housing
F02.12	Outpatient- Drug / Alcohol Treatment Clinic	F06.05	Community Setting – Commercial
F02.19	Outpatient- Family Planning	F06.06	Community Setting – Residential
F02.20	Outpatient- Community Mental Health	F06.07	Community Setting – Bar/Club/Adult Entertainment
F02.30	Outpatient- Community Health Clinic	F06.08	Community Setting – Public Area
F02.58	Outpatient- School/University Clinic	F06.09	Community Setting – Workplace
F02.60	Outpatient- Health Department/Public Health Clinic	F06.10	Community Setting – Community Center
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	F06.88	Community Setting – Other
F02.62	Outpatient- Health Department/Public Health Clinic-STD	F07	Conventional Facility
		F88	Facility – Other

Codes for Other Risk Factor(s)

01	Exchange sex for drugs/money/or something they need
02	While intoxicated and/or high on drugs
05	With person of unknown HIV status
06	With person who exchanges sex for drugs/money
08	With anonymous partner
09	With person who has hemophilia or transfusion/transplant recipient
11	Sex with transgender

Codes for Other Session Activities

03.00	HIV Testing	10.07	Practice – Partner notification
04.00	Referral	10.66	Practice – Other
05.00	Personalized Risk assessment	11.01	Discussion – Sexual risk reduction
06.00	Elicit Partners	11.02	Discussion – IDU risk reduction
07.00	Notification of exposure	11.03	Discussion – HIV testing
08.01	Information – HIV/AIDS transmission	11.04	Discussion – Other sexually transmitted diseases
08.02	Information-Abstinence/postpone sexual activity	11.05	Discussion – Disclosure of HIV status
08.03	Information-Other sexually transmitted diseases	11.06	Discussion – Partner notification
08.04	Information-Viral hepatitis	11.07	Discussion – HIV medication therapy adherence
08.05	Information – Availability of HIV/STD counseling and testing	11.08	Discussion – Abstinence/postpone sexual activity
08.06	Information-Availability of partner notification and referral services	11.09	Discussion – IDU risk free behavior
08.07	Information – Living with HIV/AIDS	11.10	Discussion – HIV/AIDS transmission
08.08	Information – Availability of social services	11.11	Discussion – Viral hepatitis
08.09	Information – Availability of medical services	11.12	Discussion – Living with HIV/AIDS
08.10	Information – Sexual risk reduction	11.13	Discussion – Availability of HIV/AIDS counseling testing
08.11	Information – IDU risk reduction	11.14	Discussion – Availability of partner notification and referral services
08.12	Information – IDU risk free behavior	11.15	Discussion – Availability of social services
08.13	Information – Condom/barrier use	11.16	Discussion – Availability of medical services
08.14	Information – Negotiation / Communication	11.17	Discussion – Condom/barrier use
08.15	Information – Decision making	11.18	Discussion – Negotiation / Communication
08.16	Information – Disclosure of HIV status	11.19	Discussion – Decision making
08.17	Information – Providing prevention services	11.20	Discussion – Providing prevention services
08.18	Information – HIV testing	11.21	Discussion – Alcohol and drug use prevention
08.19	Information – Partner notification	11.22	Discussion – Sexual health
08.20	Information – HIV medication therapy adherence	11.23	Discussion – TB testing
08.21	Information – Alcohol and drug use prevention	11.66	Discussion – Other
08.22	Information – Sexual health	12.01	Other testing – Pregnancy
08.23	Information – TB testing	12.02	Other testing – STD
08.66	Information – Other	12.03	Other testing – Viral hepatitis
09.01	Demonstration – Condom/barrier use	12.04	Other testing – TB
09.02	Demonstration – IDU risk reduction	13.01	Distribution – Male condoms
09.03	Demonstration – Negotiation / Communication	13.02	Distribution – Female condoms
09.04	Demonstration – Decision making	13.03	Distribution – Safe sex kits
09.05	Demonstration – Disclosure of HIV status	13.04	Distribution – Safer injection/ bleach kits
09.06	Demonstration – Providing prevention services	13.05	Distribution – Lubricants
09.07	Demonstration – Partner notification	13.06	Distribution – Education materials
09.66	Demonstration – Other	13.07	Distribution – Referral lists
10.01	Practice – Condom/barrier use	13.08	Distribution – Role model stories
10.02	Practice – IDU risk reduction	13.66	Distribution – Other
10.03	Practice – Negotiation / Communication	14.01	Post-intervention follow up
10.04	Practice – Decision making	14.02	Post-intervention booster session
10.05	Practice – Disclosure of HIV status	15.00	HIV Testing History Survey
10.06	Practice – Providing prevention services	88.	Other

II. Required To Record **Referral** Data On Confirmed HIV Positive Clients



Place Barcode Sticker Here

HIV Counseling, Testing and Referral Form
PART 2

Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010



CDC requires the following information on confirmed positives

Referrals

Was client referred to medical care?

Yes → If yes, did client attend the first appointment? Yes No Don't know

No → If no, why? Client already in care Client declined care

Was client referred to HIV Prevention services?

Yes No

Was client referred to PCRS?

Yes No

If female, is client pregnant?

Yes → If yes, in prenatal care? Yes No Don't know Declined Not asked

No → If no, was client referred for prenatal care? Yes No

Declined → If yes, did client attend first prenatal care appointment? Yes No Don't know

Local Use Fields

L3	L8	L13
L4	L9	L14
L5	L10	L15
L6	L11	L16
L7	L12	L17

CDC Use Fields

C3	C6
C4	C7
C5	C8

Notes (Print Only)

INSTRUCTIONS FOR
COMPLETING THE
FORM

Form Instructions:

General Instructions

1. This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the handwritten and selected information.
2. **DO NOT** use red ink. Blue or black ink is preferred. Dark pencil can also be used.
3. **DO NOT** fold, staple, wrinkle or tear form(s).
4. **If you make an error DO NOT** cross out and write over your error. The best method would be to start over with a new form. Second best is to try to use white out **tape** to white out the error

Form Instructions:

General Instructions

5. **DO NOT** mark on the bar codes of the Form ID numbers. Marking on Form ID numbers may cause the wrong Form ID number to be scanned.
6. **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.

Form Instructions:

General Instructions

7. Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
8. Each part has a top sheet and a bottom carbon copy sheet:
 - o The top sheet (white copy) is the sheet that will be scanned. This should be submitted to VDH
 - o The bottom carbon copy sheet (yellow copy) **should be kept by you/ your agency** to use for record keeping purposes.

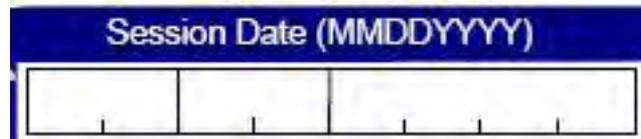
Form Instructions: Response Formats

There are three different response formats on the form that you will use to record data:

1. Text boxes
2. Check boxes
3. Radio buttons

Form Instructions: Response Formats: **Text Boxes**

Text boxes are used to record handwritten information (e.g., codes, dates). You can see that a text box is used to record session date:



The image shows a digital form element for entering a date. It consists of a dark blue header bar with the text "Session Date (MMDDYYYY)" in white. Below the header is a white rectangular box with a thin black border, divided into seven equal-width columns by vertical lines. This layout is designed to ensure that each digit of the date is entered in its own designated space.

When writing letters or numbers in the text boxes:

1. use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
2. put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Form Instructions: Response Formats: **Text Boxes**

Here are examples of how to write letters
and numbers:

LETTERS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

NUMBERS

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Form Instructions:

Response Formats: Check Boxes

Check boxes

Check boxes are used to indicate that all options that apply can be selected, rather than only one. For example, you see check boxes are used to record information about "Race."



Race — *Check all that apply*

<input type="checkbox"/>	American Ind./AK Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Native HI/Pac. Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Declined

When selecting an option using check boxes:

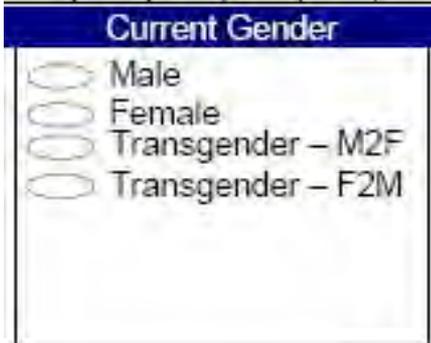
1. use an "X" instead of a check mark because the tail of the check mark might run over into another box.
2. keep the "X" within the edges of the box.

Form Instructions:

Response Formats: Radio Buttons

Radio buttons

Radio buttons are ovals used to indicate that **only One option** from among multiple options can be selected. For example, you see that radio buttons are used to record information about Current gender.



The image shows a screenshot of a form titled "Current Gender" in a blue header. Below the header, there are four radio button options listed vertically: "Male", "Female", "Transgender - M2F", and "Transgender - F2M". Each option is preceded by an empty oval radio button.

When selecting an option using a radio button:

1. Fill in the oval completely.
2. **DO NOT** mark over area of the oval.

HIV TEST FORM

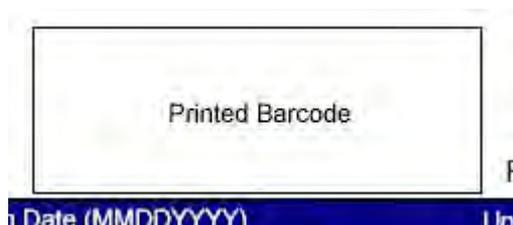
REVIEW PART I

*COMPLETE EACH TIME A
CLIENT IS TESTED

HIV Test Form Review

Part I: **Form ID**

Form ID



The **Form ID** is an identification number used to uniquely identify and connect data collected on a standardized form for a given intervention.

This unique number identifies the “testing event” for a particular client and links multiple tests that are components of that event. It also links different parts of the HIV Test Form for a client.

The form ID is pre-printed on the top left corner of Part I and can be found on sticky labels on the back of Part I

HIV Test Form Review

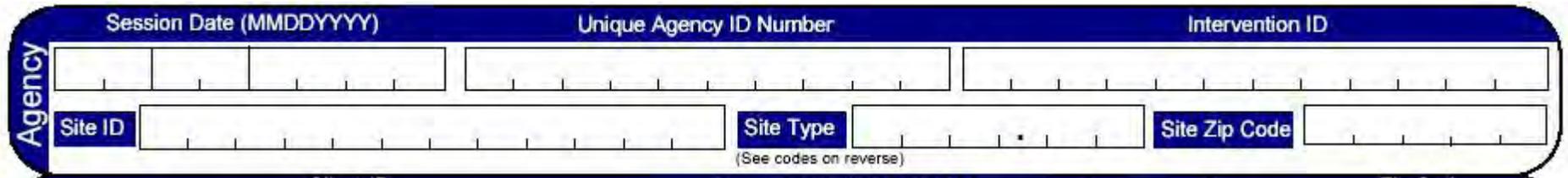
Part I: **Form ID**

Using the Form ID Sticky Labels (note that there are no changes from how they are currently used):

1. If you have a confirmed positive test result, you will need to complete Part 2. In this case, you must make sure to place one of these sticky labels in the appropriate place in the top left corner of **Part 2**. This will link Part 1 to Part 2.
2. Place one on the **consent form**
3. Place one on the **specimen vial**
4. Place one on the **green billing sheet**
5. Place one on the **VDH Laboratory Clinical Test Request Form**
6. Give one to the **client**

HIV Test Form Review

Part I: Agency Section



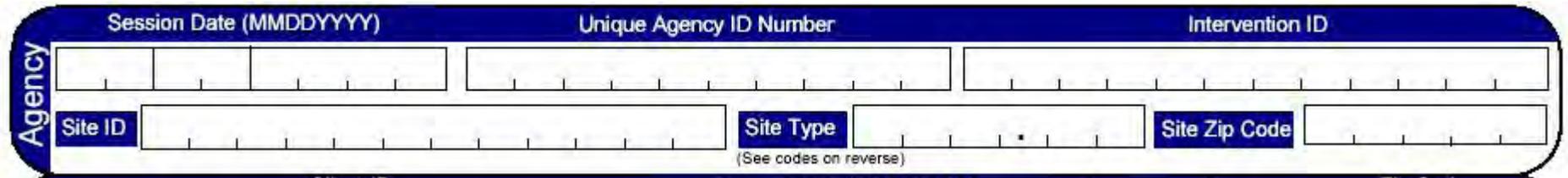
The image shows the Agency Section of an HIV Test Form. It is a blue-bordered form with a vertical 'Agency' label on the left. The form is divided into two rows of input fields. The top row contains three fields: 'Session Date (MMDDYYYY)' (8 digits), 'Unique Agency ID Number' (10 digits), and 'Intervention ID' (10 digits). The bottom row contains three fields: 'Site ID' (10 digits), 'Site Type' (5 digits with a note '(See codes on reverse)'), and 'Site Zip Code' (5 digits). Each field has a grid of lines indicating digit positions.

NOTE: All IDs mentioned in this section are found on your “cheat sheet”

1. Your **Unique Agency ID Number** will always be the same number. Look at your cheat sheet to see what that number is, and write it on the form. It is **VERY important to accurately record** this number so that your data is linked to the correct agency in PEMS
2. Your **Intervention ID** is the ID used to identify your CTR intervention. Look at your cheat sheet to see what that number is, and write it on the form.
3. If your agency does testing at different types of sites, your cheat sheet will have a different ID for each of these site types. Depending on where you are doing the test, you should enter the **Site ID** for the type of site that best describes where the HIV test was performed

HIV Test Form Review

Part I: Agency Section



The image shows the Agency Section of an HIV Test Form. It is a blue-bordered form with a white background. On the left side, the word "Agency" is written vertically. The form is divided into several sections:

- Session Date (MMDDYYYY):** A field with 8 boxes for entering the date.
- Unique Agency ID Number:** A field with 10 boxes for entering the agency ID.
- Intervention ID:** A field with 10 boxes for entering the intervention ID.
- Site ID:** A field with 10 boxes for entering the site ID.
- Site Type:** A field with 10 boxes for entering the site type. Below this field, it says "(See codes on reverse)".
- Site Zip Code:** A field with 10 boxes for entering the site zip code.

4. The **Session Date** is the date on which the session was delivered to the client. This field requires a 2-digit month, 2-digit day and 4-digit year.
5. At this point in time, **do not write anything in the fields for Site Type or Site Zip Code.**

HIV Test Form Review

Part I: Client Section

Client ID		Date of Birth (MMDDYYYY)			State	County	Zip Code			
Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		Race — Check all that apply <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined			Current Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M		Previous HIV Test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked		Self-Reported Result <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked Provide date of last test (MMYYYY) <input type="text"/>	

1. The **Client ID** is an ID that will be generated once the form is submitted to VDH by combining parts of other PEMS variables. This ID will **not** be submitted to CDC.
2. The only thing that you have to write in the Client ID field is the **first letter of the client's legal first name**. Write this letter in the left-most box of the Client ID field. It is **very important** to get this information for the client ID to be complete. **DO NOT** write anything else in the Client ID field

HIV Test Form Review

Part I: Client Section

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code	
Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		Race — Check all that apply <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined		Current Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M		Previous HIV Test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	
				Self-Reported Result <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked		Provide date of last test (MMYYYY) <input type="text"/>	

Client ID - Write the **first letter of the client's legal first name.**

For Example: If the client's legal first name is Robert, but the client is called Bob, the letter to put here is R. If the client's legal first name is Elizabeth, but the client is called Liz, the letter to put here is E. This is to prevent the possibility that the first letter will change over time due to the client going by different "nick-names"

HIV Test Form Review Part I:

Client Section

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code	
Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		Race — Check all that apply <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined		Current Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender - M2F <input type="radio"/> Transgender - F2M		Previous HIV Test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	
				Self-Reported Result <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked		Provide date of last test (MMYYYY) <input type="text"/>	

Note: All client variables on the form should be self-reported by the client. You should not assume that you know the answer for a client

- The **Date of Birth** field corresponds to the reported date on which the client was born. You are **only required to collect the month and year** of the client's birth. Only the year will be reported to CDC. Again, it is **very important** to get the client's month and year of birth for the client ID to be complete.

HIV Test Form Review Part I:

Client Section

Client ID		Date of Birth (MMDDYYYY)			State	County	Zip Code			
Client	Ethnicity		Race – Check all that apply		Current Gender		Previous HIV Test?		Self-Reported Result	
	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Prelim. Pos.	<input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	Provide date of last test (MMYYYY) <input type="text"/>			

- The **State** field corresponds to the abbreviation for the state, territory or district where the client is currently residing at the time he/she is coming in for testing. Write the letters for the state abbreviation, not the numeric code. Ex. write VT **not** 50

You are **not** required to collect **County** or **Zip Code**

HIV Test Form Review Part I:

Client Section

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code													
<table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Race – Check all that apply</th> <th>Current Gender</th> <th>Previous HIV Test?</th> <th colspan="2">Self-Reported Result</th> </tr> </thead> <tbody> <tr> <td> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined </td> <td> <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined </td> <td> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M </td> <td> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked </td> <td> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Prelim. Pos. </td> <td> <input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked </td> <td> Provide date of last test (MMYYYY) <input type="text"/> </td> </tr> </tbody> </table>							Ethnicity	Race – Check all that apply	Current Gender	Previous HIV Test?	Self-Reported Result		<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Prelim. Pos.	<input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	Provide date of last test (MMYYYY) <input type="text"/>
Ethnicity	Race – Check all that apply	Current Gender	Previous HIV Test?	Self-Reported Result															
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Prelim. Pos.	<input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	Provide date of last test (MMYYYY) <input type="text"/>													

4. **Ethnicity** refers to the client's self-report of whether or not he/she is of Hispanic or Latino origin. Hispanic or Latino origin refers to a person who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (choose only one)
5. **Race** refers to a client's self-reported classification of the biological heritage with which he/she most closely identifies. (choose all that apply)

HIV Test Form Review Part I:

Client Section

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code	
Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		Race – Check all that apply <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined		Current Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M		Previous HIV Test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	
				Self-Reported Result <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked		Provide date of last test (MMYYYY) <input type="text"/>	

6. **Current Gender** is the client's current self reported sexual identity
 1. **Transgender – M 2 F:** Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female.
Note: M 2 F = male to female.
 2. **Transgender – F 2 M:** Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male.
Note: F 2 M = female to male.

HIV Test Form Review Part I:

Client Section

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code	
Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		Race – Check all that apply <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined		Current Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M		Previous HIV Test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	
Client		Self-Reported Result <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked		Provide date of last test (MMYYYY) <input type="text"/>			

7. **Previous HIV Test** is the client's self-report of having had at least one prior HIV test before this data was collected.

If the client's response to Previous HIV Test is "yes", you must collect **Self-Reported Result**.

HIV Test Form Review Part I:

Client Section

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code	
Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		Race – Check all that apply <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined		Current Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M		Previous HIV Test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	
				Self-Reported Result <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked		Provide date of last test (MMYYYY) <input type="text"/>	

8. **Self-Reported Result** is the client's self-reported test result from his/her **most recent** HIV test, and the month and year of this same test.
- o Ensure that the client understands that he/she is being asked to report his/her test results and not what he/she believes their status is.
 - o Ensure that the client understands that “positive” means that he/she is HIV-infected based on a confirmatory test result and “negative” means that he/she is not HIV-infected based on the test result.
 - o If the client does not know the month or year of the most recent test, tell the client to make a best guess. This field must **not** be left blank

HIV Test Form Review Part I: HIV

Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Worker ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other	
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	<input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	<input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
	Date Provided (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	

HIV Test Form Review Part I: HIV Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input checked="" type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

Up to three HIV tests for the client may be included on the same HIV test form.

Examples of multiple test scenarios:

For a rapid test with valid results:

1. Record the initial rapid test info in HIV Test 1 Block,
2. If needed record the confirmatory test information in HIV Test 2 Block.

For a rapid test that has invalid results:

1. Record the initial invalid rapid test information in Block 1,
2. Record the second rapid test information in Block 2.
3. If a confirmatory test is necessary, this information will be recorded in Block 3.

HIV Test Form Review Part I: HIV Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input checked="" type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

1. The **Sample Date** is the date on which the specimen for the HIV test is collected. This field requires a 2 digit month, 2-digit day and 4 digit year.
2. The **Worker ID** is the ID for the worker who is doing the test. Look at your cheat sheet to see what this number is and write it on the form

HIV Test Form Review Part I: HIV Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input checked="" type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	

3. The **HIV Test Election** indicates whether the test is linked to a name or is anonymous.

Options for HIV Test Election include:

- **Tested anonymously:** The HIV test was not linked to the client's name.
- **Tested confidentially:** The HIV test was confidential.
- **Declined testing:** The client refused to take an HIV test. (only choose if the client refuses testing, not if you determine the client is not ready for testing)

HIV Test Form Review Part I: HIV Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input checked="" type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

4. The **Test Technology** is a description of the type of test or test method used to screen for HIV antibodies.

Options for Test Technology include:

- **Conventional:** A standard test used to detect antibodies to HIV, typically referred to as an EIA or ELISA (Enzyme-linked immunosorbant assay).
- **Rapid:** A test to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10-60 minutes).
- **Other:** Additional testing technologies that are not considered conventional or rapid.

HIV Test Form Review Part I: HIV

Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input checked="" type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

5. The **Specimen Type** is the type of biological material or sample used to test for HIV antibodies.

Options for Specimen Type include:

- **Blood-finger stick:** Whole blood, plasma, or serum drawn with a needle from a finger tip.
- **Blood-venipuncture:** Whole blood, plasma, or serum drawn with a needle from a vein, usually in the forearm.
- **Blood Spot:** A drop of whole blood dried on blotting paper.
- **Oral mucosal transudate:** A cell sample taken with a mouth swab from the soft tissue lining the inside of the mouth and gums.
- **Urine:** The liquid product filtered from the blood by the kidneys.

HIV Test Form Review Part I: HIV Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input checked="" type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

6. The **Test Result** is the outcome of the current HIV test.

Options for Test Result

7. **Result Provided** indicates the act of informing the client of his/her HIV test result.

8. If **Result Provided** is “yes”, fill in the **Date Provided** with the date on which the test result was provided to the client

HIV Test Form Review Part I: HIV Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

9. If **Result Provided** is “no”, fill in “**If results not provided, why?**”

Options for why the HIV test result was not provided include:

- **Declined notification:** The client refused to accept notification of his/her HIV test result from the provider.
- **Did not return / Could not locate:** The client did not return for his/her HIV test result or could not be located to provide the test result.
- **Obtained results from another agency:** The client received his/her HIV test results from another agency.

HIV Test Form Review Part I: HIV

Test Section

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>
	Worker ID	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input checked="" type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	

10. If a client has a rapid reactive test, specify whether the client provided a confirmatory sample

Options for whether the client provided a confirmatory sample include:

- **Yes:** Client did provide a sample for a confirmatory test
- **Client declined confirmatory test:** Client declined to provide a sample for a confirmatory test
- **Did not return / Could not locate:** The client did not return or could not be located to obtain a sample for a confirmatory test
- **Referred to another agency:** The client was referred to another agency for the confirmatory test
- **Other:** The client did not provide a sample for a confirmatory test for a reason other than those described above

HIV Test Form Review Part I: Risk Factors Section

Risk Factors	Choose one if: <input type="radio"/> Client was not asked about risk factors <input type="radio"/> Client was asked, but no risk was identified <input type="radio"/> Client declined to discuss risk factors			
	<i>If client risk factor information was discussed, please mark all that apply:</i>			
	In past 12 months has client had:		Injection Drug Use (IDU)	
	<input type="checkbox"/> ...without using a condom? <input type="checkbox"/> ...with person who is an IDU? <input type="checkbox"/> ...with person who is MSM? <input type="checkbox"/> ...with person who is HIV positive?		<input type="checkbox"/> Has client used injection drugs in past 12 months? <small>if marked</small> <input type="checkbox"/> Did client share drug injection equipment?	
Vaginal or Anal Sex Oral Sex With Male <input type="checkbox"/> <input type="checkbox"/> With Female <input type="checkbox"/> <input type="checkbox"/>		Other Risk Factor(s) <input type="text"/> <input type="text"/> <small>(see codes on reverse)</small>		

Each client who is tested should be asked about risk factors. ONLY If the client reports **NONE** of the risk factors listed in this session, you must select one of these three reasons in the top row of this section:

- Client was not asked about risk factors:** The provider did not ask client about their risk factors.
- Client was asked, but no risk was identified:** The client reports no risk factors that may have placed him/her at potential risk for HIV exposure and/or transmission
- Client declined to discuss risk factors:** The client declines or is unwilling to report his/her risk factors

HIV Test Form Review Part I: Risk Factors Section

Risk Factors

Choose one if: Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had:		...without using a condom? <input type="checkbox"/>	Injection Drug Use (IDU)	Other Risk Factor(s)
Vaginal or Anal Sex	Oral Sex	...with person who is an IDU? <input type="checkbox"/>	Has client used injection drugs in past 12 months? <input type="checkbox"/>	<input type="text"/>
With Male <input type="checkbox"/>	<input type="checkbox"/>	...with person who is MSM? <input type="checkbox"/>	if marked ↓	<input type="text"/>
With Female <input type="checkbox"/>	<input type="checkbox"/>	...with person who is HIV positive? <input type="checkbox"/>	Did client share drug injection equipment? <input type="checkbox"/>	<input type="text"/>
				(see codes on reverse)

Sexual activity within the last 12 months:

1. **Vaginal or anal sex with male:** The client has had anal or vaginal intercourse (protected or unprotected) with a male.
2. **Vaginal or anal with female:** The client has had anal or vaginal intercourse (protected or unprotected) with a female.

Oral Sex variables are Optional

3. **Oral sex with male (Optional):** The client has had oral intercourse (protected or unprotected) with a male.
4. **Oral sex with female (Optional):** The client has had oral intercourse (protected or unprotected) with a female.

HIV Test Form Review Part I: Risk Factors Section

Risk Factors	Choose one if: <input type="radio"/> Client was not asked about risk factors <input type="radio"/> Client was asked, but no risk was identified <input type="radio"/> Client declined to discuss risk factors			
	<i>If client risk factor information was discussed, please mark all that apply:</i>			
	In past 12 months has client had:		Injection Drug Use (IDU)	
	<input type="checkbox"/> ...without using a condom? <input type="checkbox"/> ...with person who is an IDU? <input type="checkbox"/> ...with person who is MSM? <input type="checkbox"/> ...with person who is HIV positive?		<input type="checkbox"/> Has client used injection drugs in past 12 months? <small>if marked</small> <input type="checkbox"/> Did client share drug injection equipment?	
Vaginal or Anal Sex Oral Sex With Male <input type="checkbox"/> <input type="checkbox"/> With Female <input type="checkbox"/> <input type="checkbox"/>		Other Risk Factor(s) <input type="text"/> <input type="text"/> <small>(see codes on reverse)</small>		

If the client reports having vaginal or anal sex with a male or female in the past 12 months, the client should be asked about the following additional sexual risk factors **within the last 12 months**:

- Sex without using a condom:** The client had vaginal or anal sex without using a condom.
- Sex with person who is an IDU:** The client has had vaginal or anal sex with a person who he/she knows to be an injection drug user.
- Sex with person who is MSM:** The client is female and has had sex with a person who she knows has male to male sex. *(Only select this if the client is female)*
- Sex with person who is HIV positive:** The client has had vaginal or anal sex with a person who he/she knows to be HIV positive.

HIV Test Form Review Part I: Risk Factors Section

Risk Factors

Choose one if: Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had:		...without using a condom? <input type="checkbox"/>	Injection Drug Use (IDU)	Other Risk Factor(s)
Vaginal or Anal Sex	Oral Sex	...with person who is an IDU? <input type="checkbox"/>	Has client used injection drugs in past 12 months? <input type="checkbox"/>	<input type="text"/>
With Male <input type="checkbox"/>	<input type="checkbox"/>	...with person who is MSM? <input type="checkbox"/>	if marked ↓	<input type="text"/>
With Female <input type="checkbox"/>	<input type="checkbox"/>	...with person who is HIV positive? <input type="checkbox"/>	Did client share drug injection equipment? <input type="checkbox"/>	<input type="text"/>
				(see codes on reverse)

Injection drug use activity within the last 12 months:

1. Check the box in the **Injection Drug Use (IDU)** field if the client has used injection drugs/substances in the past 12 months. (*Injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended)*).
2. If the “**Injection Drug Use (IDU)**” box is checked, check the box next to the “**Did client share drug injection equipment?**” field if the client shared needles or injection equipment with others within the past 12 months.

HIV Test Form Review Part I: Risk Factors Section

Choose one if: Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

Risk Factors

In past 12 months has client had:

Vaginal or Anal Sex	Oral Sex	...without using a condom?	<input type="checkbox"/>
		...with person who is an IDU?	<input type="checkbox"/>
		...with person who is MSM?	<input type="checkbox"/>
With Male	<input type="checkbox"/>		<input type="checkbox"/>
With Female	<input type="checkbox"/>	...with person who is HIV positive?	<input type="checkbox"/>

Injection Drug Use (IDU)

Has client used injection drugs in past 12 months?

↓
if marked
↓

Did client share drug injection equipment?

Other Risk Factor(s)

(see codes on reverse)

Other Risk Factors is an **optional** field. Two-digit codes on the back of Part 1 can be used to indicate the following additional sexual risk factors reported by the client:

- Exchange sex for drugs/money/or something they needed
- While intoxicated and/or high on drugs
- With person of unknown HIV status
- With person who exchanges sex for drugs/money
- With anonymous partner
- With person who has hemophilia or transfusion/transplant recipient
- Sex (vaginal or anal) with transgender

HIV Test Form Review Part I:

Session Activity

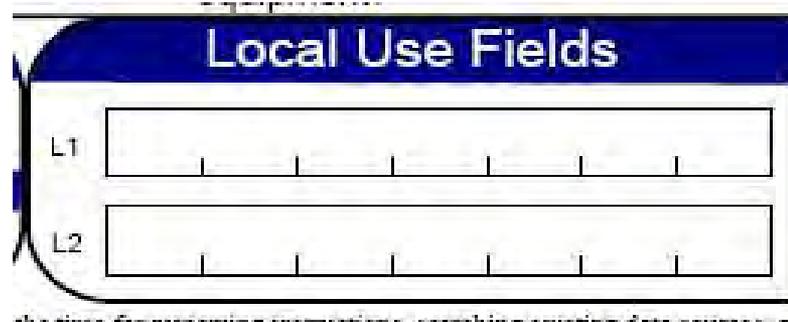
The image shows a section of a form titled "Session Activity". It contains a question: "During this visit, was a risk reduction plan developed for the client?" with two radio button options: "Yes" and "No". Below this is a section titled "Other Session Activities (see codes on reverse)" which contains two input fields, each with a small square marker in the middle, likely for entering a four-digit code.

Session Activity – Indicate whether a risk reduction plan was developed with the client to reduce the risk of HIV exposure and/or transmission – this field **must** be filled in.

Other Session Activities is an **optional** field which allows providers to indicate other activities that may have been conducted during the current HIV testing session. Four-digit codes on the back of Part 1 can be used to indicate these additional activities

HIV Test Form Review Part I:

Local Use Fields: L1



The image shows a screenshot of a software interface for an HIV test form. At the top, there is a dark blue header with the text "Local Use Fields" in white. Below the header, there are two rows of input fields. The first row is labeled "L1" on the left and contains a single wide text box divided into six segments by vertical lines. The second row is labeled "L2" on the left and contains a single wide text box divided into six segments by vertical lines. The form has a white background and a thin black border.

Local Use Fields:

L1 – For our purposes **in Vermont, L1 MUST BE USED** to record information about Assigned Sex at Birth.

Even though this information will be recorded at the bottom of Part 1, it would be best to discuss it with the client when going through the Client section of Part 1 up above

HIV Test Form Review Part I:

Local Use Fields: L1

Local Use Fields	
L1	
L2	

L1 – Assigned Sex at Birth: The biological sex assigned to the client at birth (the sex noted on the client’s birth certificate.)

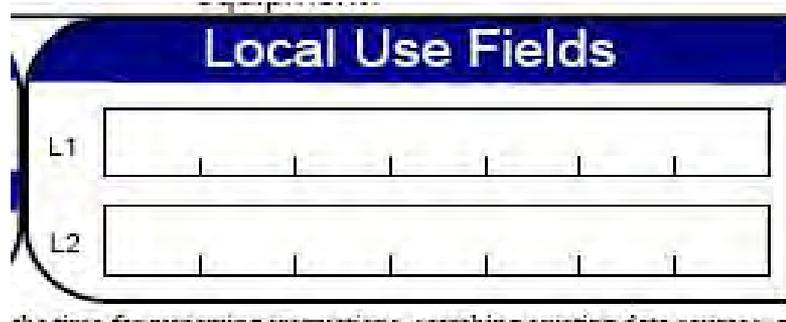
Record the following letter in the left-most box of this field depending on the client’s response:

Male: M

Female: F

HIV Test Form Review Part I:

Local Use Fields: L2



The image shows a screenshot of a software interface with a blue header bar containing the text "Local Use Fields". Below the header, there are two rows of input fields. The first row is labeled "L1" on the left and contains six empty rectangular boxes. The second row is labeled "L2" on the left and also contains six empty rectangular boxes. The boxes in the L2 row are slightly larger than those in the L1 row.

Local Use Fields:

L2 – For our purposes **in Vermont, L2 MUST BE USED** to record risk behavior information about the client for the purposes of reimbursement according to the new CTR fee schedule.

On the 2008 Oral CTR Reimbursement Request Form, there are 6 risk categories that signify that a client is “high risk”.

HIV Test Form Review Part I: Local Use Fields: L2

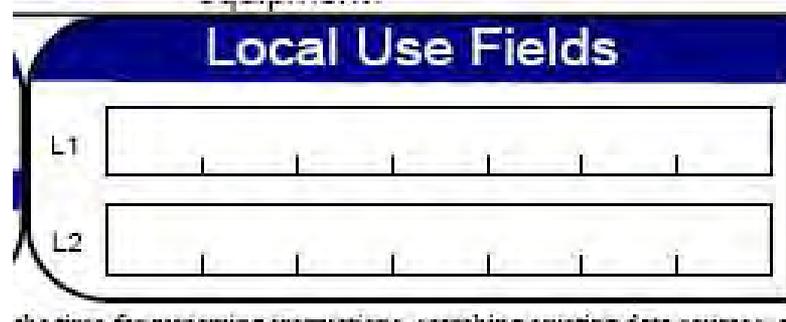
The image shows a screenshot of a form titled "Local Use Fields". It contains two input fields, L1 and L2, each with a grid of 10 columns and 1 row.

L2 – Factors that signify a client is “high risk” within the last 12 months:

* *High risk clients include:*

Code	1) For clients who HAVE had a previous HIV test: have any of these risk behaviors occurred <i>since that last test</i> 2) For clients who have NEVER had an HIV test: have any of these risk behaviors occurred EVER	
1	Had unprotected vaginal or anal sex with more than one sex partner	OR had unprotected sex with a partner who has had more than one sex partner
2	Have been diagnosed or treated for an STD, hepatitis or TB	OR had unprotected sex with a partner who has been diagnosed or treated for an STD, hepatitis or TB
3	Had sex for money or drugs	OR had unprotected sex with a partner who has exchanged sex for money or drugs
4	Injected drugs and shared equipment with others	OR had unprotected sex with a partner who has injected drugs
5	Had a fever or illness of unknown cause or been told has an infection related to a “weak immune system”	
6	Had sex with someone with HIV/AIDS	

HIV Test Form Review Part I: Local Use Fields: L2



Local Use Fields						
L1						
L2						

L2 – Instructions:

For each of the 6 “high risk” factors that the client identifies, write the number assigned to it in L2. It does not matter what order the numbers are written in.

Examples:

If the client has had unprotected sex with more than one sex partner and has had sex with an IDU within the last 12 months, you would write “14” in L2.

If the client is was diagnosed with an STD within the last year, had sex with a person who is HIV positive and had unprotected sex with a partner who has had more than 1 sex partner within the past 12 months, you would write “261” in L2.

QUESTIONS?

HIV TEST FORM

REVIEW

PART II

*To record referral data on **confirmed HIV positive** clients

HIV Test Form Review Part II: Referral to Medical Care

Was client referred to medical care?

L Yes → If yes, did client attend the first appointment? Yes
 No → If no, why? No
 Don't know
 Client already in care
 Client declined care

The field labeled “**Was client referred to medical care**” indicates whether a client was provided a written or oral referral to medical care during the testing session.

Medical care = Medical services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.

Select yes or no as is appropriate.

HIV Test Form Review Part II: Referral to Medical Care

Was client referred to medical care?

Yes → If yes, did client attend the first appointment? Yes
 No No

No → If no, why? Don't know

Client already in care
 Client declined care

If the response is *Yes*, indicate if client attended the first appointment. Options are:

1. **Yes:** you confirmed that the client accessed the service
2. **No:** you confirmed that the client did **not** access the service
3. **Don't know:** you do not know if the client accessed the service

If the response is *No*, indicate why client was not referred to medical care. Options are:

1. **Client already in care:** Client did not receive a referral for HIV medical care because he/she is already receiving medical care, evaluation and treatment for HIV infection.
2. **Client declined care:** Client refused to receive written or oral referrals for HIV medical care services.

HIV Test Form Review Part II: Referral to HIV Prevention Services

Was client referred to HIV Prevention services?

Yes

No

Select yes or no to indicate if you referred the client to **HIV prevention services**.

HIV prevention services refer to any HIV prevention service (or combination of services) **other than** medical care and treatment, prenatal care or PCRS. This includes services to address additional prevention service or treatment needs such as health education, individual counseling and community level interventions (e.g., workshops, health fairs)

HIV Test Form Review Part II:

Referral to PCRS

Was client referred to PCRS?

Yes

No

Select yes or no to indicate if you referred the client to **Partner Counseling and Referral Services**.

PCRS refers to a range of services available to HIV-infected persons, their partners and affected communities that involves informing current and past partners that a person who is HIV-infected has identified them as a sex or injection drug paraphernalia-sharing partner and advising them to have HIV counseling and testing. Notified partners, who may not have suspected their risk, can then choose whether to be tested for HIV, enabling those who test HIV positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling. In VT, PCRS is conducted VDH.

HIV Test Form Review Part II:

Referral to Prenatal Care

If female, is client pregnant?

Yes → If yes, in prenatal care?

No Yes

Don't know No → If no, was client referred for prenatal care?

Declined Don't know

Not asked Declined Yes → If yes, did client attend first prenatal care appointment?

Not asked Not asked No

Yes

No

Don't know

Step 1: Is the Client Pregnant?

- 1. Yes:** The client reports she is pregnant.
- 2. No:** The client reports she is not pregnant.
- 3. Don't know:** The client reports that she is unaware if she is currently pregnant.
- 4. Not asked:** You did not ask the client if she was currently pregnant. (only select if client is female)
- 5. Declined:** The client declines or is unwilling to report if she is currently pregnant.

If client is male, do not select any option – leave this entire section blank

HIV Test Form Review Part II:

Referral to Prenatal Care

If female, is client pregnant?

Yes → If yes, in prenatal care?

No

Don't know

Declined

Not asked

Yes

No → If no, was client referred for prenatal care?

Don't know

Declined

Not asked

Yes → If yes, did client attend first prenatal care appointment?

No

Yes

No

Don't know

Step 2 : If the client is pregnant, **is the Client in Prenatal Care:** (Prenatal Care is regular health care during pregnancy)

1. **Yes:** The client reports she is currently receiving prenatal care.
2. **No:** The client reports she is not currently receiving prenatal care.
3. **Don't know:** The client reports that she is unaware if she is currently receiving prenatal care.
4. **Not asked:** You did not ask the client if she was currently receiving prenatal care. (only select for pregnant females)
5. **Declined:** The client declines or is unwilling to report if she is currently receiving prenatal care.

If client is a male or a non-pregnant female, leave this blank

HIV Test Form Review Part II:

Referral to Prenatal Care

If female, is client pregnant?

Yes → If yes, in prenatal care?

No Yes

Don't know No → If no, was client referred for prenatal care?

Declined Don't know

Not asked Declined

Not asked No → If yes, did client attend first prenatal care appointment?

Yes

No

Don't know

Step 3 : If the client is HIV positive, female and pregnant and **not** in prenatal care, **was the client referred for prenatal care** during the Testing session?

1. **Yes:** The client was referred to prenatal care.
2. **No:** The client was not referred to prenatal care.

HIV Test Form Review Part II:

Referral to Prenatal Care

If female, is client pregnant?

Yes → If yes, in prenatal care?

No Yes

Don't know No → If no, was client referred for prenatal care?

Declined Don't know

Not asked Declined

Not asked No → If yes, did client attend first prenatal care appointment?

Yes

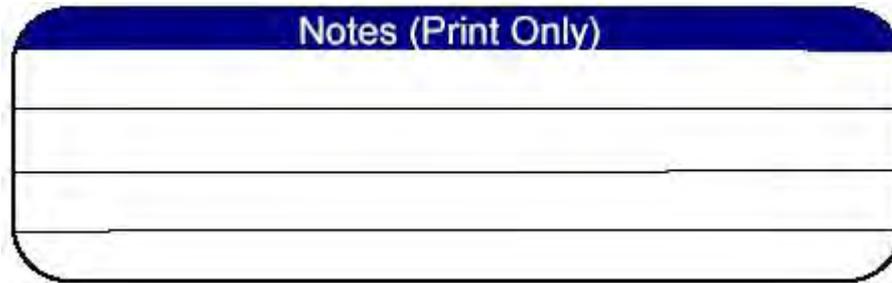
No

Don't know

Step 4 : If the client was referred for prenatal care during the testing session **did the client attend the first prenatal care appointment?**

1. **Yes:** You confirmed that the client attended first prenatal care appointment.
2. **No:** You confirmed that the client did **not** attend first prenatal care appointment.
3. **Don't know:** You were not able to confirm whether the client attended first prenatal care appointment.

HIV Test Form Review Part II: Notes

A rectangular form field with rounded corners. The top portion is a dark blue header with the text "Notes (Print Only)" in white. Below the header are three horizontal white lines, creating three rows of space for text entry.

The notes field is an optional area can be used to make notes Regarding a client's session for hardcopy files. The information entered in this area will not be entered into PEMS.

QUESTIONS?

Practice Data Entry Scenario

PEMS

CONFIDENTIALITY

TRAINING

REQUIREMENTS

To find all of the documents mentioned below, go to this website:

<http://healthvermont.gov/prevent/aids/pems.aspx>

Before you do an HIV test:

Actions for anyone who will handle the data on the HIV Test Form...

1. Complete the Confidentiality Training for PEMS Users

- Before you open the training, you may want to print off the file called “PEMS User Responsibility Worksheet”. (Open this file on the website mentioned above) Completing this worksheet while you go through the training will help you to think about your role in relation to the confidentiality of the data
- To complete this training, go to the website mentioned above and click on the file “Confidentiality Training for PEMS Users”
- When you click on the file name, you will be asked if you want to open or save the file. Click on “Open” and you will be brought to the training

Actions for anyone who will handle the data on the HIV Test Form...

2. Complete and submit the PEMS Confidentiality and Security Quiz

- Complete the quiz after you have gone through the training above
- To complete the quiz, go to the website mentioned above and click on the file “PEMS Confidentiality and Security Quiz”
- When you click on the file name you will be brought to the quiz. Be sure to enter in your Name, Agency and Email Address in order to get credit for completing the quiz
- After you have entered all of your responses, click the blue bar that says “submit your quiz”. You should get a page that says your quiz was submitted successfully
- Review the quiz answers on that page and be sure to ask questions about any errors

Actions for anyone who will handle the data on the HIV Test Form...

3. Complete and submit both a Confidentiality Statement and Statement of Acknowledgement and Agreement

- After you have completed the training and your quiz, you must print, sign and submit both of these forms
- These forms can **not** be completed electronically
- To print them, go to the website mentioned above and click on the file “Confidentiality Statement”. The file will open and then you can print it. Next click on the file “Statement of Acknowledgement and Agreement of Confidentiality and Security Policies and Procedures for PEMS Client-Level Data”. The file will open and then you can print it. After you sign these two documents, mail them to this address:

Ashley Duto

Vermont Department of Health

108 Cherry Street, PO Box 70, Drawer 41-HAST

Burlington, VT 05402

Contact Information for Questions:

Ashley Dutro

802-651-1534

ashley.dutro@ahs.state.vt.us

END.

Options for Test Result include:

1. **Positive / reactive:** A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western blot or other supplemental test indicating that the client is infected.
2. **NAAT-positive:** A test result that is previously negative or indeterminate on an initial ELISA or Western blot and is also reactive based on nucleic acid testing
3. **Negative:** A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or an ELISA that was repeatedly reactive and the confirmatory test (Western Blot or IFA) was negative.

[more](#)

Options for Test Result include:

4. **Indeterminate:** A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.
5. **Invalid:** A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport. **Select "Invalid" if you cannot confirm the result of a test because there are questions about the quality of the sample or something happened to the sample (e.g., contaminated, mislabeled)**
6. **No result:** No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins). **Select "no result" if the sample was destroyed or disappeared (e.g, the sample was sent to the lab but now the lab cannot find it).**
[back](#)