

Check if  
No SLPH Test Requested   
(Data Entry Only)

**HIV TESTING REPORT FORM**  
NC Department of Health and Human Services  
State Laboratory of Public Health  
4312 District Drive Raleigh, NC 27607-5490

Test Requested  
 HIV

Attach Printed Label Below

Last Name   
First Name  MI   
Address   
Address   
City

County  State  Zip Code

Local Pt ID  SSN  -  -  Date of Birth (MM/DD/CCYY)  /  /   
Medicaid Client  Yes  No  Annual Exam Date (MM/DD/CCYY)  /  /  Dx Code/ICD

<b>Race</b> (mark all that apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Isles <input type="checkbox"/> Asian <input type="checkbox"/> Unknown	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Transgender M2F <input type="checkbox"/> Female <input type="checkbox"/> Transgender F2M <input type="checkbox"/> Unknown <input type="checkbox"/> Transgender Unk	<b>If Female, Pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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**Agency**  
EIN Number  -  Agency Name  Program Code   
NPI Number  Ordering Provider Last Name

**Test Setting** (mark only one)  
 HIV testing site  Community Health Ctr  Emergency Dept  
 STD Clinic  Prison/Jail  Other Clinical  
 Drug Treatment  DIS Field Visit  Other Non-clinical  
 Family Planning  PreNatal/OB Related  
 TB Clinic  Community Setting

**Previous HIV Test?**  
 No  Yes  Unknown

**Risk Factors**  
**Behaviors during the last 12 months:**  
 Vaginal/Anal sex with a MALE partner  
 Vaginal/Anal sex with a FEMALE partner  
 Injection drug use  
 Multiple Sexual Partners

**HIV Test Information**  
**Rapid Test / Other Lab HIV Tests**  
Sample Date (MM/DD/CCYY)  /  /   
Collector ID   
Technology  
 Rapid → **Rapid Test Used**  
 Conventional  OraQuick  
 NAAT/RNA  Clearview  
 Other  Uni-Gold  
 Other  
If OTHER, Specify Rapid Test Brand   
Test Result  
 Negative  Invalid  
 Positive/Reactive  No result  
 Indeterminate

**Rapid Test / Other Lab HIV Tests**  
Sample Date (MM/DD/CCYY)  /  /   
Collector ID   
Technology  
 Rapid → **Rapid Test Used**  
 Conventional  OraQuick  
 NAAT/RNA  Clearview  
 Other  Uni-Gold  
 Other  
If OTHER, Specify Rapid Test Brand   
Test Result  
 Negative  Invalid  
 Positive/Reactive  No result  
 Indeterminate

**SLPH Testing**  
Sample Date (MM/DD/CCYY)  /  /   
Collector ID   
Type of Sample  Serum  Cadaveric Fluid

**Local Use Data Fields**  
Local Use Field 1   
Local Use Field 2

**Lab Use Only** Bar Code

Specimen Missing   
Specimen Received