

Check if
No SLPH Test Requested
(Data Entry Only)

HIV/HCV 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 HCV HIV and HCV

Patient Information

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

Agency

Race (mark all that apply)
 White American Indian/Alaska Native
 Black Native Hawaiian/Pacific Isles
 Asian Unknown

Ethnicity
 Hispanic Non-Hispanic
 Unknown

Gender
 Male Transgender M2F
 Female Transgender F2M
 Unknown Transgender Unk

If Female, Pregnant?
 Yes No Unknown

EIN Number - Agency Name Program Code

NPI Number Ordering Provider Last Name

Test Setting

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

Current 900
 History of Injection drug use

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	Rapid Test / Other Lab HIV Tests	SLPH Testing
Sample Date (MM/DD/CCYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	Sample Date (MM/DD/CCYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	Sample Date (MM/DD/CCYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
Collector ID <input type="text"/>	Collector ID <input type="text"/>	Collector ID <input type="text"/>
Technology <input type="checkbox"/> Rapid <input type="checkbox"/> Conventional <input type="checkbox"/> NAAT/RNA <input type="checkbox"/> Other	Technology <input type="checkbox"/> Rapid <input type="checkbox"/> Conventional <input type="checkbox"/> NAAT/RNA <input type="checkbox"/> Other	Type of Sample <input type="checkbox"/> Serum <input type="checkbox"/> Cadaveric Fluid
<input type="checkbox"/> Rapid <input type="checkbox"/> OraQuick <input type="checkbox"/> Clearview <input type="checkbox"/> Uni-Gold <input type="checkbox"/> Other	<input type="checkbox"/> Rapid <input type="checkbox"/> OraQuick <input type="checkbox"/> Clearview <input type="checkbox"/> Uni-Gold <input type="checkbox"/> Other	
If OTHER, Specify Rapid Test Brand <input type="text"/>	If OTHER, Specify Rapid Test Brand <input type="text"/>	
Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No result	Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No result	

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

Lab Use Only

Bar Code

Specimen Missing
Specimen Received

7648089518