NOTIFICATION OF CONFIRMED HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST RESULT BY LABORATORY TO LOCAL HEALTH DEPARTMENT (06/2002)

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

DATE SPECIMEN TESTED M M D D Y Y Y Y

SOUNDEX	DATE OF BIRTH	GENDER
	M M D D Y Y Y Y	☐ (1) Male ☐ (2) Female
(Complete only if provider cannot release patient's last name or soundex code) PATIENT'S CODE #:		
DATE SPECIMEN WAS COLLECTED		☐ (3) M-F ☐ (4) F-M
M M D D Y Y Y Y		

PROVIDER:

NAME

ADDRESS

CITY | STATE | ZIP CODE

PHONE ( )

LABORATORY: C L I A C E R T . N O .

NAME

ADDRESS

CITY | STATE | ZIP CODE

PHONE ( )

LABORATORY FINDINGS

A. HIV ANTIBODY TEST AT DIAGNOSIS — Positive

- HIV-1 EIA ..... ☐
- HIV-1/HIV-2 combination EIA ..... ☐
- HIV-1 Western Blot/IFA ..... ☐
- Other HIV antibody test ..... ☐

Specify: _____

B. *POSITIVE* HIV DETECTION TEST

☐ Culture ☐ Antigen ☐ PCR, DNA, or RNA probe

☐ Other

Specify: _____

C. VIRAL LOAD TEST

Result _____

Units ☐ copies/mL ☐ log(10)copies/mL

Test type ☐ (11) *NASBA* (*Organon*) ☐ (12) *RT-PCR* (*Roche*)

☐ (13) *bDNA* (*Bayer*) ☐ (18) Other

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