

April 10, 2009

To: All CTS HIV Submitters

From: OSPHL and the HIV/STD Program

Subject: **INFORMATION ABOUT THE NEW CTS HIV TEST REQUEST (FORM 44)**

This memo is to provide you with helpful information about the new CTS HIV form you are receiving. Please read it carefully and distribute to other staff who may need to be familiar with the information.

1. **As of May 1, 2009 this form will be the new CTS HIV form that you should use to submit CTS specimens to OSPHL.** ON MAY 1, 2009 PLEASE DISCARD ALL PREVIOUS VERSIONS OF THE CTS HIV FORM (Form 44) THAT YOU MAY HAVE AND BEGIN USING THIS FORM.
2. **Using the labels on the new form:** The labels correspond to the unique number at the top of the requisition.
 - The first two (2) labels are for specimen identification. These labels have a line for a second unique patient identifier. A label should be placed vertically on the specimen tube reading left to right / bottom to top and directly on top of the existing tube label.
 - The remaining labels may be used by your facility and/or Oregon State Public Health Laboratory for specimen tracking purposes.
 - Do not remove unused labels from the form before submitting it.
 - **3. Submitting CTS HIV tests:** You will need to have a unique site identification number. If you do not know what your site ID number is, please contact Cessa Karson-Whitethorn at 971-673-0150 or e-mail her at cessa.karson@state.or.us
4. **Ordering HIV tests if your site is not directly funded for HIV testing:**
 - a. A site that is not directly funded may request a site number from the Program if they wish to use the CTS HIV form. To do this, contact Cessa Karson-Whitethorn.
 - b. Tests may also be submitted on the Virology/Immunology Test Request form (Form 42). **THESE TESTS WILL BE CHARGED.**
 - 1) This form may not be used to submit "Data Only" information.
 - 2) The form may be submitted without using the patient name as long as some unique identifier is placed in the Patient Name box (such as the form ID number) and the rest of the shaded areas on the form are completely filled out. This form does not require information about behavioral risk for HIV.
 - 3) If the patient will be billed for the HIV test, use form 42 and complete the patient and insurance information, including the ICD9 (diagnostic) codes. **If complete billing information is not received, the submitter will be billed.**
 - 4) If you wish to use the Virology/Immunology form to order HIV tests, you may obtain forms by contacting the OSPHL Stockroom at 503-693-4114.
 - 5) If you have questions about how to fill out and submit the form you may contact Chris Biggs (christianne.biggs@state.or.us) or Terry Crandall (terry.crandall@state.or.us) at 503-693-4100.

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