

# HIV prevention test form

## Testing information

Session date (MM/DD/YYYY)

Test site

## Client demographics

Client name

Date of birth (MM/DD/YYYY)

Client county

ZIP code

Client ethnicity

(If Hispanic or Latino/a/x, choose subgroup below)

- ☐ Hispanic or Latino/a/x  
☐ Not Hispanic or Latino/a/x  
☐ Don't know  
☐ Declined to answer

Race

(Select all that apply. If client reports ethnicity as Hispanic or Latino and does not report a race category, select "Not specified.")

- ☐ American Indian or Alaska Native  
☐ Asian (select subgroup below)  
☐ Black or African American  
☐ Native Hawaiian or Pacific Islander (select subgroup below)  
☐ White  
☐ Not specified  
☐ Declined to answer  
☐ Don't know

Hispanic subgroup

(Select all that apply)

- ☐ Mexican, Mexican American, Chicano/a  
☐ Puerto Rican  
☐ Cuban  
☐ Another Hispanic, Latino/a/x or Spanish origin

Asian subgroup

(Select all that apply)

- ☐ Asian Indian  
☐ Chinese  
☐ Filipino/a  
☐ Japanese  
☐ Korean  
☐ Vietnamese  
☐ Other Asian

NHPI subgroup

(Select all that apply)

- ☐ Native Hawaiian  
☐ Guamanian or Chamorro  
☐ Samoan  
☐ Other Pacific Islander

Assigned sex at birth	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to answer	Has the client had a previous HIV test?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Current gender identity	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender — male to female <input type="radio"/> Transgender — female to male <input type="radio"/> Transgender — unspecified <input type="radio"/> Another gender <input type="radio"/> Declined to answer		

Test information	
Test type (select one)	
<input type="radio"/> Clinical Laboratory Improvement Amendments (CLIA)-waived-point-of-care (POC) rapid test(s)	<input type="radio"/> Laboratory-based test(s)
<b>Final test result (rapid)</b>	<b>Final test result (lab-based)</b>
<input type="radio"/> Preliminary positive <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Discordant <input type="radio"/> Invalid	<input type="radio"/> HIV-1 positive <input type="radio"/> HIV-1 positive, possible acute <input type="radio"/> HIV-2 positive <input type="radio"/> HIV positive, undifferentiated <input type="radio"/> HIV-1 negative, HIV-2 inconclusive <input type="radio"/> HIV-1 negative <input type="radio"/> HIV negative <input type="radio"/> Inconclusive, further testing needed
<b>Definitions for rapid test results</b>	
<ul style="list-style-type: none"> <li>• <b>Preliminary positive:</b> One or more of the same rapid tests are reactive, and none are non-reactive, and your lab did not do any supplemental testing.</li> <li>• <b>Positive:</b> Two or more different (orthogonal) rapid tests are reactive, and none are non-reactive, and no lab did supplemental testing.</li> <li>• <b>Negative:</b> One or more rapid tests are non-reactive, and no test is reactive, and no lab did supplemental testing.</li> <li>• <b>Discordant:</b> One or more rapid tests are reactive, and one or more tests are non-reactive, and no lab did supplemental testing.</li> <li>• <b>Invalid:</b> A CLIA-waived rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection or transport.</li> </ul>	
<b>Result provided to client?</b>	<input type="radio"/> No <input type="radio"/> Yes

Negative test result	
<b>Was the client screened for pre-exposure prophylaxis (PrEP) eligibility?</b>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Yes; client obtained result from another lab
<b>Is the client eligible for PrEP referral?</b>	<input type="radio"/> No <input type="radio"/> Yes, Centers for Disease Control and Prevention criteria <input type="radio"/> Yes, by local criteria or protocol
<b>Did the client receive a referral to a PrEP provider?</b>	<input type="radio"/> No <input type="radio"/> Yes

Was the client provided with services to assist with linkage to a PrEP provider?	<input type="radio"/> No <input type="radio"/> Yes
--	--

Positive test result	
Did the client attend an HIV medical care appointment after this positive test?	<input type="radio"/> Yes, confirmed <input type="radio"/> Yes, client/patient self-report <input type="radio"/> No <input type="radio"/> Don't know
Has the client ever had a positive HIV test?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Did the client receive individualized behavioral risk-reduction counseling?	<input type="radio"/> No <input type="radio"/> Yes
Was the client's contact information provided to the health department for partner services?	<input type="radio"/> No <input type="radio"/> Yes
What was the client's most severe housing status in the last 12 months?	<input type="radio"/> Literally homeless <input type="radio"/> Unstably housed and at risk of losing housing <input type="radio"/> Stably housed <input type="radio"/> Not asked <input type="radio"/> Declined to answer <input type="radio"/> Don't know

Additional test information			
Was the client tested for co-infections?		<input type="radio"/> No <input type="radio"/> Yes	
<b>If yes:</b>			
Tested for syphilis?	<input type="radio"/> No <input type="radio"/> Yes	Tested for gonorrhea?	<input type="radio"/> No <input type="radio"/> Yes
Tested for chlamydial infection?	<input type="radio"/> No <input type="radio"/> Yes	Tested for hepatitis C?	<input type="radio"/> No <input type="radio"/> Yes

## PrEP awareness/priority populations\*

Has the client ever heard of PrEP?	<input type="radio"/> No <input type="radio"/> Yes
Is the client currently taking daily PrEP medication?	<input type="radio"/> No <input type="radio"/> Yes
Has the client used PrEP any time in the last 12 months?	<input type="radio"/> No <input type="radio"/> Yes
In the last five years, has the client had sex with a male?	<input type="radio"/> No <input type="radio"/> Yes
In the last five years, has the client had sex with a female?	<input type="radio"/> No <input type="radio"/> Yes
In the last five years, has the client had sex with a transgender person?	<input type="radio"/> No <input type="radio"/> Yes
In the past five years, has the client injected drugs or substances?	<input type="radio"/> No <input type="radio"/> Yes

## Essential support services\*

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Yes <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Linkage services to HIV medical care (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Medication adherence support (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Health benefits navigation and enrollment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

## Federal Poverty Level (FPL)\*

Did the client self-attest to income eligibility?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused/Not documented
---	---

\*For additional guidance on the **PrEP**, **Essential Support Services (ESS)** and **Federal Poverty Level (FPL)** variables, please refer to the HSSS HIV Testing Guidance document in the HSSS Standards Guidance.

Administrative			
REDCap ID		Date entered in REDCap (MM/DD/YYYY)	
Initials of data entry staff			



Last modified: 7/3/25

You can get this document in other languages, large print, braille or a format you prefer. Contact the HIV/STD/TB program at 971-673-0153 or [prevention.info@odhsoha.oregon.gov](mailto:prevention.info@odhsoha.oregon.gov). We accept all relay calls.