

# 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	
<b>Client ethnicity</b> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined to answer	<b>Race</b> (Select all that apply. If client reports ethnicity as Hispanic or Latino and does not report a race category, select "Not specified.") <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Not specified <input type="radio"/> Declined to answer <input type="radio"/> Don't know		
<b>Assigned sex at birth</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to answer	<b>Has the client had a previous HIV test?</b> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know		
<b>Current gender identity</b> <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)

Clinical Laboratory Improvement Amendments (CLIA)-waived-point-of-care (POC) rapid test(s)

Laboratory-based test(s)

OR

Final test result (rapid)

- Preliminary positive
- Positive
- Negative
- Discordant
- Invalid

Final test result (lab-based)

- HIV-1 positive
- HIV-1 positive, possible acute
- HIV-2 positive
- HIV positive, undifferentiated
- HIV-1 negative, HIV-2 inconclusive
- HIV-1 negative
- HIV negative
- Inconclusive, further testing needed

### Definitions for rapid test results

- **Preliminary positive:** One or more of the same rapid tests are reactive, and none are non-reactive, and your lab did not do any supplemental testing.
- **Positive:** Two or more different (orthogonal) rapid tests are reactive, and none are non-reactive, and no lab did supplemental testing.
- **Negative:** One or more rapid tests are non-reactive, and no test is reactive, and no lab did supplemental testing.
- **Discordant:** One or more rapid tests are reactive, and one or more tests are non-reactive, and no lab did supplemental testing.
- **Invalid:** A CLIA-waived rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection or transport.

Result provided to client?

No

Yes

## Negative test result

Was the client screened for pre-exposure prophylaxis (PrEP) eligibility?

No

Yes

Yes; client obtained result from another lab

Is the client eligible for PrEP referral?

No

Yes, Centers for Disease Control and Prevention criteria

Yes, by local criteria or protocol

Did the client receive a referral to a PrEP provider?

No

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><i>If yes:</i></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 and use/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

<b>Essential support services</b>	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"/> No <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

### Administrative

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



PUBLIC HEALTH DIVISION  
HIV/STD/TB Program

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. We accept all relay calls or you can dial 711.

OHA 9810 (04/2019)