|  |
| --- |
| **LABORATORY REPORT OF POSITIVE TESTS FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)** |
| **Reports of the below named laboratory tests shall be submitted on this form on the 1st and the 15th of each month. If no reportable tests are performed during any reporting period, this form shall still be submitted. This report is to be securely faxed to (304) 957-7753 or mailed confidentially to the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology and Prevention Services, DSHHT Surveillance, 350 Capitol Street, Room 125, Charleston, WV 25301-3715, under the laboratory supervisor’s signature.**EXAMPLE |
| NAME OF LABORATORY:ABC LAB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS:123 Main St, Somewhere, WV 11442\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Period Covered:1/1/231/15/23(DATE) From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_999A56000CLIA #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please complete the information below for positive HIV tests:** | REPORTABLE TESTS:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | TotalTests | # Positive |  | TotalTests | # Positive |
| 1. EIA (Rapid Tests)
 | 3 | 2 | 5. HIV Viral Load (RNA) | 1 | 1 |
| 1. Western Blot
 |  |  | 6. CD4 | 2 | 2 |
| 1. HIV ½ Ag/Ab
 | 54 | 2 | 7. Other Test (Specify Test) |  |  |
| 1. HIV ½ Type Differentiating
 | 1 | 1 |  |  |  |

 | TITLE 64, SERIES 64 AIDS-RELATED MEDICAL TESTING AND CONFIDENTIALITYEFFECTIVE JULY 1, 2016Supervisors of all laboratories in West Virginia that perform serologic or other tests for or related to shall make a report of all positive HIV related examinations to the Administrator of the Division of Health.  |
| **Name of Patient** | **DOB** | **Sex** | **Race** | **Patient Address** | **Collection Date** | **Tests #****(See above)** | **Result** | **Physician’s Name & Address** | **Where performed** |
| Jack Frost | 01/15/66 | M | W | 6 Wonka Road, Huntington, WV 25701 | 01/05/23 | 1-Ora | Positive | Doogie Houser, MD | In house |
|  |  |  |  |  |  | 1-Insti | Positive |  |  |
| Jane Doe | 02/14/52 | F | B | 124 Canoe Street, Apt 2, Huntington, WV 25703 | 01/05/23 | 3 | Reactive | Arizona Smith, FNP | In house |
| Paul Bunyon | 03/31/94 | M | Multi | 8 Loch Ness Road, Salt Rock, WV 25529 | 01/10/23 | 3 | Reactive | Arizona Smith, FNP | In house |
| Minnie Mouse | 07/04/81 | F | PACIFIC ISLANDER | 627 Mistletoe Lane, Huntington, WV 25701 | 01/10/23 | 4-HIV | Reactive | Bones Startrek, MD | Quest |
|  |  |  |  |  |  |  HIV1 | Reactive |  |  |
|  |  |  |  |  |  |  HIV2 | Nonreactive |  |  |
|  |  |  |  |  |  | 5-HIV RNA | 38 |  | In house |
|  |  |  |  |  |  |  Log10 | 1.58 |  |  |
| Sherlock Holmes | 04/16/73 | M | W | 56 Gotham Drive, Lavalette, WV 25535 | 01/24/23 | 6-CD4% | 43.2 | Tweety Bird, MD | Labcorp |
|  |  |  |  |  |  |  CD4# | 819 |  |  |
| Bugs Bunny | 05/01/85 | M | Native Amer | 34 Confetti Avenue, Huntington, WV 25701 | 01/24/23 | 6-CD4% | 20.1 | Tweety Bird, MD | Labcorp |
|  |  |  |  |  |  |  CD4# | 405 |  |  |

Joe Jones

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laboratory Supervisor Signature Division of STD, HIV, Hepatitis & Tuberculosis HOTLINE: 1-(800)-642-8244 🞎 Check for Additional Forms**



**\*All names and information presented in this example are fictious. No identification with actual persons or places should be inferred.**

**Revised October 2023**

**This information has been disclosed to you from records whose confidentiality is protected by State law. State law prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of Medical or other information is NOT sufficient for this purpose.**

**West Virginia Code §16-3C-3(c)**

**West Virginia Code of State Rules §64-64-9**