## **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.

Total

TITLE 64 SERIES 64

Total

**REPORTABLE TESTS:** 

|                                                     |                |     |        |                 | Tests | Positive   |                                 | Tests  | Positive                                | AIDS-RELATED MEDICAL TESTIN                                                                                                          | G AND     |
|-----------------------------------------------------|----------------|-----|--------|-----------------|-------|------------|---------------------------------|--------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|
| ADDRESS:                                            |                |     | 1. EIA | (Rapid Tests)   |       |            | 5. HIV Viral<br>Load (RNA)      |        |                                         | CONFIDENTIALITY EFFECTIVE JULY 1, 2016                                                                                               |           |
|                                                     |                |     | 2. We  | estern Blot     |       |            | 6. CD4                          |        | Supervisors of all laboratories in West |                                                                                                                                      |           |
| Period Covered:                                     |                |     |        |                 |       |            |                                 |        |                                         | Virginia that perform ser                                                                                                            |           |
| (DATE) From: To:                                    |                |     | 3. HIV | / ½ Ag/Ab       |       |            | 7. Other Test<br>(Specify Test) |        |                                         | tests for or related to shall make a report of all positive HIV related examinations to the Administrator of the Division of Health. |           |
|                                                     |                |     |        | / ½ Type        |       |            | (Specify rest)                  |        |                                         |                                                                                                                                      |           |
| Please complete the information positive HIV tests: | on below for a | all | Dif    | ferentiating    |       |            |                                 |        |                                         |                                                                                                                                      |           |
| Name of Dations                                     | DOD            | Con | D      | Dationt Address |       | Collection | Tests #<br>(See                 | Dazult | Physician's Name &                      | Where lab                                                                                                                            |           |
| Name of Patient                                     | DOB            | Sex | Race   | Patient Addr    | ess   |            | Date                            | above) | Result                                  | Address                                                                                                                              | performed |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |
|                                                     |                |     |        |                 |       |            |                                 |        |                                         |                                                                                                                                      |           |

Laboratory Supervisor Signature Forms

NAME OF LABORATORY:

Division of STD, HIV, Hepatitis and Tuberculosis Hotline: 1-(800)-642-8244

Check for Additional
Health
WHuman
Resources

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 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