

REQUEST FOR OUTREACH ACTIVITY/EVENT PROCEDURE/PROTOCOL

Sites requesting Division of STD, HIV and Hepatitis (DSHH) support for Outreach activities/events must complete an Outreach Approval Form which can be accessed on the DSHH's website at www.wvstd.org or www.wvhiv.org and on the Office of Laboratory Services' (OLS) website www.wvdhhr.org/labservices.

Support services include provision of Aptima test kits for Chlamydia and gonorrhea testing; Orasure test kits for HIV testing and/or Rapid HIV testing per Disease Intervention Specialist(s) (DIS); supplies for syphilis testing; hepatitis A, B and A/B vaccine (without the prerequisite hepatitis testing); laboratory analysis of specimens submitted for Chlamydia, gonorrhea, HIV and syphilis testing; reporting of test results; educational displays attended by DSHH staff; provision of educational literature and condoms; and assistance in identification of target groups for testing/vaccine (based upon morbidity for the targeted areas for testing).

Instructions for completion of the Outreach Approval Form

- Print the Outreach Approval Form.
- Complete the left side of the form.
- Fax the form to the DSHH at 3045586478, Attention: Director, DSHH.
- The Director of the DSHH will serve as the contact person and will review (in collaboration with the HIV Prevention Program and the DIS Supervisor) the Outreach Approval Form for approval of the proposed outreach activity/event, complete the “**DSHH Use Only**” section located on the right side of the form and inform the site as to the approval status per telephone and e-mail notification.
- The Director will inform the OLS per telephone and e-mail of the proposed outreach activity/event, make a copy of the form, and then forward the copy of the form to the OLS per departmental mail.
- Once the OLS receives the form, the Diagnostic Immunology Department will assign a project code number to the outreach activity/event if appropriate; customize the Laboratory Specimen Submission Form for the outreach activity/event; initiate contact with the outreach site to verify outreach information; and notify the Starlims Manager of the proposed outreach activity/event requesting the project code to be entered into Starlims.
- The OLS will notify the Support Services Supervisor of the proposed outreach activity/event and provide the following information to the Support Services Supervisor, the DSHH and the site: project code; date of outreach activity/event; supplies required and date and transport method of delivery to site; transport method

of specimens from the site to OLS; and the transport method of return of unused supplies to the OLS.

- The outreach partners (DSHH, OLS and the site) will advise each other by telephone call and e-mail of any change in the proposed plan once initiated, including cancellation/postponement of the outreach activity/event.
- The OLS will confirm by telephone and e-mail the receipt of supplies by the site at least one week prior to the scheduled outreach activity/event.
- The OLS will initiate a follow-up telephone call within the week following the outreach activity/event to make arrangements for return of unused supplies.
- The site will complete a Summary of Outreach Activity/Event Form which can be accessed on the DSHH's website at www.wvstd.org or www.wvhiv.org and fax the form to the Director of the DSHH within a week of the outreach activity/event.

SUMMARY OF OUTREACH ACTIVITY/EVENT FORM

Facility which sponsored outreach activity/event: _____

Site of outreach activity/event: _____

Date of outreach activity/event: _____ Project code assigned per OLS: _____

Contact name: _____ Contact e-mail: _____

Contact telephone number/fax: _____

Names/titles of site's staff that participated in outreach activity/event: _____

Names of Division of STD, HIV and Hepatitis staff that participated in outreach activity/event:

Tests and number of tests performed/vaccines and number of vaccines administered:

Ct/GC Aptima _____ Syphilis RPR _____

HIV Orasure _____ Rapid HIV Testing/Oraquik _____

Hepatitis A _____ Hepatitis B _____ Hepatitis A/B _____

Approximate number of visitors seeking information only: _____

females _____ males _____

Problems/difficulties encountered:

Comments/suggestions:

Name of person completing this form: _____