V. Patient History (respond to all questions) (record all dates as mm/dd/yyyy) ☐ Pediatric Risk (enter in Comments)

After 1977 and before the earliest known diagnosis of HIV infection, this patient had:	
Sex with male	☐ Yes ☐ No ☐ Unknown
Sex with female	☐ Yes ☐ No ☐ Unknown
Injected nonprescription drugs or shared needles	☐ Yes ☐ No ☐ Unknown
Received clotting factor for hemophilia/coagulation disorder Specify clotting factor: Date received ____/____/_____	☐ Yes ☐ No ☐ Unknown
HETEROSEXUAL relations with any of the following:	
HETEROSEXUAL contact with person who injected drugs	☐ Yes ☐ No ☐ Unknown
HETEROSEXUAL contact with bisexual male	☐ Yes ☐ No ☐ Unknown
HETEROSEXUAL contact with person with hemophilia/coagulation disorder with documented HIV infection	☐ Yes ☐ No ☐ Unknown
HETEROSEXUAL contact with transfusion recipient with documented HIV infection	☐ Yes ☐ No ☐ Unknown
HETEROSEXUAL contact with transplant recipient with documented HIV infection	☐ Yes ☐ No ☐ Unknown
HETEROSEXUAL contact with person with documented HIV infection, risk not specified	☐ Yes ☐ No ☐ Unknown
Received transfusion of blood/blood components (other than clotting factor) (document reason in Comments)	☐ Yes ☐ No ☐ Unknown
First date received ____/____/_____ Last date received ____/____/_____	
Received transplant of tissue/organs or artificial insemination	☐ Yes ☐ No ☐ Unknown
Worked in a healthcare or clinical laboratory setting	☐ Yes ☐ No ☐ Unknown
If occupational exposure is being investigated or considered as primary mode of exposure, specify occupation and setting:	
Other documented risk (include detail in Comments)	☐ Yes ☐ No ☐ Unknown

VI. Laboratory Data (record additional tests and tests not specified below in Comments) (record all dates as mm/dd/yyyy)

HIV Immunoassays

TEST ☐ HIV-1 IA ☐ HIV-1/2 IA ☐ HIV-1/2 Ag/Ab ☐ HIV-2 IA
Test Brand Name/Manufacturer_____ **Lab Name** _____
Facility Name_____ **Provider Name**_____
Result ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

TEST ☐ HIV-1/2 Ag/Ab differentiating immunoassay (differentiates between HIV Ag and HIV Ab)
Test Brand Name/Manufacturer_____ **Lab Name** _____
Facility Name_____ **Provider Name**_____
Result ***Overall:*** ☐ Reactive ☐ Nonreactive **Collection Date** ___-___ /___-___ /___-_____-_-
Analyte results: HIV-1 Ag: ☐ Reactive ☐ Nonreactive HIV-1/2 Ab: ☐ Reactive ☐ Nonreactive
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

TEST ☐ HIV-1/2 Ag/Ab and type-differentiating immunoassay (differentiates among HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab)
Test Brand Name/Manufacturer_____ **Lab Name** _____
Facility Name_____ **Provider Name**_____
Result[3] ***Overall interpretation***: ☐ Reactive ☐ Nonreactive ☐ **Index Value** _____ **Collection Date** ____/____/_____
Analyte results: HIV-1 Ag: ☐ Reactive ☐ Nonreactive ☐ Not reportable due to high Ab level **Index Value**_____
HIV-1 Ab: ☐ Reactive ☐ Nonreactive ☐ Reactive undifferentiated **Index Value**_____
HIV-2 Ab: ☐ Reactive ☐ Nonreactive ☐ Reactive undifferentiated **Index Value**_____
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

TEST ☐ HIV-1/2 type-differentiating immunoassay (supplemental) (differentiates between HIV-1 Ab and HIV-2 Ab)
Test Brand Name/Manufacturer_____ **Lab Name**_____
Facility Name_____ **Provider Name**_____
Result[4] ***Overall interpretation***: ☐ HIV positive, untypable ☐ HIV-1 positive with HIV-2 cross-reactivity ☐ HIV-2 positive with HIV-1 cross-reactivity
☐ HIV negative ☐ HIV indeterminate ☐ HIV-1 indeterminate ☐ HIV-2 indeterminate ☐ HIV-1 positive ☐ HIV-2 positive
Analyte results: HIV-1 Ab: ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____
HIV-2 Ab: ☐ Positive ☐ Negative ☐ Indeterminate
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

TEST ☐ HIV-1 WB ☐ HIV-1 IFA ☐ HIV-2 WB
Test Brand Name/Manufacturer_____ **Lab Name**_____
Facility Name_____ **Provider Name**_____
Result ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

HIV Detection Tests

TEST ☐ HIV-1/2 RNA NAAT (Qualitative) **Lab Name**_____
Test Brand Name/Manufacturer_____ **Provider Name**_____
Facility Name_____ **Collection Date** ____/____/_____
Result ☐ HIV-1 ☐ HIV-2 ☐ Both (HIV-1 and HIV-2) ☐ HIV, not differentiated (HIV-1 or HIV-2) ☐ Neither (negative)
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

TEST ☐ HIV-1 RNA NAAT (Qualitative and Quantitative)
Test Brand Name/Manufacturer_____ **Lab Name**_____
Facility Name_____ **Provider Name**_____
Result ***Qualitative:*** ☐ Reactive ☐ Nonreactive **Collection Date** ____/____/_____
Analyte results: HIV-1 Quantitative*:* ☐ Detectable above limit ☐ Detectable within limits ☐ Detectable below limit
Copies/mL_____ **Log**_____
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

TEST ☐ HIV-1 RNA/DNA NAAT (Qualitative) ☐ HIV-1 culture ☐ HIV-2 RNA/DNA NAAT (Qualitative) ☐ HIV-2 culture
Test Brand Name/Manufacturer_____ **Lab Name**_____
Facility Name_____ **Provider Name**_____
Result ☐ Positive ☐ Negative ☐ Indeterminate **Collection Date** ____/____/_____
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

TEST ☐ HIV-1 RNA/DNA NAAT (Quantitative) ☐ HIV-2 RNA/DNA NAAT (Quantitative)
Test Brand Name/Manufacturer_____ **Lab Name**_____
Facility Name_____ **Provider Name**_____
Result ☐ Detectable above limit ☐ Detectable within limits ☐ Detectable below limit ☐ Not detected **Copies/mL**_____ **Log**_____
Collection Date __ __ /__ __ / _____
Testing Option (if applicable) ☐ Point-of-care test by provider ☐ Self-test, result directly observed by a provider[2] ☐ Lab test, self-collected sample

Drug Resistance Tests (Genotypic)

TEST ☐ HIV-1 Genotype (Unspecified) **Test Brand Name/Manufacturer**_____
Lab Name_____ **Facility Name**_____
Provider Name_____ **Collection Date** ____/____/_____

Immunologic Tests (CD4 count and percentage)

CD4 count _____ cells/µL **CD4 percentage** _____ % **Collection Date** ____/____/_____
Test Brand Name/Manufacturer_____ **Lab Name**_____
Facility Name **Provider Name**

Documentation of Tests

Is earliest evidence of HIV infection diagnosis documented by a physician rather than by laboratory test results? ☐ Yes ☐ No ☐ Unknown
If YES, provide date of diagnosis by physician __ __ /__ __ /_____

[2] Results not directly observed by a provider should be recorded in HIV Testing History.
[3] Complete the overall interpretation and the analyte results.
[4] Always complete the overall interpretation. Complete the analyte results when available.

VII. Treatment/Services Referrals (record all dates as mm/dd/yyyy)

Has this patient been informed of his/her HIV infection? ☐ Yes ☐ No ☐ Unknown

Has this patient received medical care for their HIV infection?
☐ 1-Yes, documented ☐ 2-Yes, client self-report, only Date of medical visit or prescription ____/____/_____

For Female Patient

Is this patient currently pregnant? If Yes, add the expected due date.
☐ Yes __ __ /__ __ /__ __ ☐ No ☐ Unknown

Has this patient delivered live-born infants?
☐ Yes ☐ No ☐ Unknown

For Children of Patient (record most recent birth in these boxes; record additional or multiple births in Comments)

***Child's Name** **Child's Date of Birth** ____/____/_____

Name of Birth Facility
(if child was born at home, enter "home birth")

***Phone**
( )

Facility Type *Inpatient:*
☐ Hospital
☐ Other, specify_____

Outpatient:
☐ Other, specify _____

Other Facility: ☐ Emergency room
☐ Corrections ☐ Unknown
☐ Other, specify

VIII. Antiretroviral Use History (record all dates as mm/dd/yyyy)

Ever taken any ARVs? ☐ Yes ☐ No ☐ Unknown

If yes, reason for ARV use (select all that apply)

☐ HIV Tx	ARV medications_____	Date began ____/____/_____	Date of last use ____/____/_____
☐ PrEP	ARV medications _____	Date began ____/____/_____	Date of last use ____/____/_____
☐ PEP	ARV medications_____	Date began ____/____/_____	Date of last use ____/____/_____
☐ PMTCT	ARV medications_____	Date began ____/____/_____	Date of last use ____/____/_____
☐ Other (specify reason) _____			
	ARV medications_____	Date began ____/____/_____	Date of last use ____/____/_____

IX. HIV Testing History (record all dates as mm/dd/yyyy)

Ever had a previous positive HIV test result? ☐ Yes ☐ No ☐ Unknown **Date of first positive HIV test result** ____/____/_____
Was the first positive test result from a self-test performed by the patient? ☐ Yes ☐ No ☐ Unknown

Ever had a negative HIV test result? ☐ Yes ☐ No ☐ Unknown
Date of last negative HIV test result *(if date is from a lab test with test type, enter in Lab Data section)* ____/____/_____
Was the last negative test result from a self-test performed by the patient? ☐ Yes ☐ No ☐ Unknown

Number of negative HIV test results within the 24 months before the first positive test result ____ ☐ Unknown
How many of these negative test results were from self-tests performed by the patient? ____ ☐ Unknown

X. Comments