**LABORATORY REPORT OF POSITIVE TESTS FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

NAME OF LABORATORY: REPORTABLE TESTS: CHAPTER 64, SERIES 64

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. EIA 5. HIV Viral Load LEGISLATIVE RULES OF THE DIRECTOR OF HEALTH

ADDRESS: EFFECTIVE SEPTEMBER 1, 1998

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Western Blot 6. CD4

Period Covered: Supervisors of all laboratories in WV that perform serologic or other test

(DATE) From: \_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_ 3. HIV ½ Ag/Ab 7. Other Test (Specify below) for or related to Human Immunodeficiency Virus shall make a report of

Number of Test Performed: \_\_\_\_\_\_\_\_\_\_\_\_ all positive HIV related examinations to the Administrator of the Division

Number of Positives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. HIV ½ Type Differentiating of Health.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Patient** | **DOB** | **Sex** | **Race** | **Patient Address** | **Collection Date** | **Tests #****(See above)**  | **Result** | **Physician’s Name & Address** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Reports of the above name laboratory test 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 so stating shall be submitted by the supervisor of the laboratory. This report is to be securely faxed to (304) 957-7753 or mailed confidentially to the Office of Epidemiology and Prevention Services, DSHHT Surveillance, 350 Capitol Street, Room 125, Charleston, WV 25301-3715, under the laboratory supervisor’s signature.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Check for Additional Forms**

**Laboratory Supervisor Signature AIDS PREVENTION: 1-800-642-8244**

**Revised February 2, 2022**

**“This information has been disclosed to your 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 13-3C-3(c)**

**West Virginia Rule 64-64-6**