

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

NAME OF LABORATORY: _____
 Address: _____
 Period Covered:
 (DATE) From: _____ To: _____
 Number of Test Performed: _____
 Number of Positives: _____

- REPORTABLE TESTS:
- | | |
|---|-------------------------------------|
| 1. EIA | 5. HIV Viral Load |
| 2. Western Blot | 6. CD4 |
| 3. HIV 1/2 Ag/Ab | 7. Other Test (Specify below) _____ |
| 4. HIV 1/2 Type Differentiating (Multispot) | |

CHAPTER 64, SERIES 64
 LEGISLATIVE RULES OF THE DIRECTOR OF HEALTH
 EFFECTIVE SEPTEMBER 1, 1998

Supervisors of all laboratories in WV that perform serologic or other test for or related to Human Immunodeficiency Virus shall make a report of all positive HIV related examinations to the Administrator of the Division of Health

Name/Code of Patient	DOB	Sex	Race	Patient Address	Collection Date	Test	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 mailed confidentially to the WVDHHR, DSHH Program, 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

“This information has been disclosed to your firm 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 Rule 64-64-6