West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Epidemiology and Prevention Services
Division of STD, HIV, Hepatitis and Tuberculosis
304-558-2195

Rapid Syphilis Result Report Form

Session Date:	___ ___ / ___ ___ / ___ ___

Client Name and Contact Information

First and Last Name:		Birthdate:	__ __ / __ __ / __ __
Address:			
City/State/Zip:			
Home Phone: (_______) ___ ___ ___- ___ ___ ___ ___	Cell Phone: (_______) ___ ___ ___- ___ ___ ___ ___	Email:	

Client Demographics

Ethnicity:	Race: *(select all that apply)*	Assigned Sex at Birth:	Current Gender Identity:
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Don't Know ☐ Declined to Answer	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Not Specified ☐ Declined to Answer ☐ Don't Know ☐ Other _______________	☐ Male ☐ Female ☐ Declined to Answer	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Transgender Unspecified ☐ Another Gender ☐ Declined to Answer

Client Medical Information

Does the patient report a history of syphilis?	Does the patient currently have symptoms?	Has the patient been tested in the last 12 months?	Is the patient currently pregnant?	Has treatment been given or scheduled at this time?	Has a blood draw been done to verify this result?	Has the patient been notified of their test result?
☐ Yes ☐ No	☐ Yes ☐ No *If yes, symptoms & onset:*	☐ Yes ☐ No *If yes, result & date:*	☐ Yes ☐ No *If yes, weeks gestation:*	☐ Yes ☐ No *If yes, date & location:*	☐ Yes ☐ No	☐ Yes ☐ No

Test Information

Test Type:	Date:	Lot #:	Expiration Date:	Test Times:	**Rapid Result:**
☐ SHC ☐ Chembio ☐ Other__________	__ __ / __ __ / __ __	_______________	__ __ / __ __ / __ __	Test Start Time: ____________ Test Read Time: ____________	☐ Negative ☐ Preliminary Positive ☐ Invalid

Facility Information

Reporting Facility:			
Tester Name:		Tester Signature:	

Please report all syphilis test results to:

STD Surveillance Unit
Fax: 304-558-6478
Email: wvstd@wv.gov