

**NOTIFICATION OF LABORATORY TESTING RESULTS
INDICATIVE OF HUMAN IMMUNODEFICIENCY VIRUS
(HIV) BY LABORATORY TO LOCAL HEALTH
DEPARTMENT**

LABORATORY REPORT NUMBER* (Specimen Accession
Number or Other Unique Specimen Identifier)

PATIENT INFORMATION		DATE SPECIMEN TESTED*	_____ MM/ DD/YYYY
FIRST NAME*: LAST NAME*:			MIDDLE NAME:
DATE OF BIRTH*: _____ MM/DD/YYYY		PATIENT ADDRESS	
GENDER*: Male Female Male-to-Female Transgender Female-to-Male Transgender		CITY STATE ZIP CODE	
RACE: White Black Asian Hawaiian/Pacific Islander American Indian Unknown HISPANIC: Yes No Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PHONE	
		SOCIAL SECURITY NUMBER:	
		MEDICAL RECORD NUMBER: _____	
PROVIDER*		LABORATORY*	
PROVIDER NAME		CLIA#	
ADDRESS		LAB NAME	
CITY STATE ZIP CODE		ADDRESS	
PHONE		CITY STATE ZIP CODE	
MD's Name: PHONE:		PHONE:	
HIV Antibody Tests (Non-type differentiating)	Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Manufacturer:	
TEST 1: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB Other: Specify Test: RESULT 1: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid) Collection Date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
TEST 2: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB Other: Specify Test: RESULT 2: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid) Collection Date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
HIV Antibody Tests (Type differentiating)	Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Manufacturer:	
TEST: <input type="checkbox"/> HIV-1/2 Differentiating (e.g., Multispot) RESULT: <input type="checkbox"/> HIV-1 <input type="checkbox"/> HIV-2 <input type="checkbox"/> Both (undifferentiated) <input type="checkbox"/> Neither (negative) <input type="checkbox"/> Indeterminate Collection Date: <input type="checkbox"/>			
HIV Detection Tests (Qualitative)	Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Manufacturer:	
TEST: <input type="checkbox"/> HIV-1 RNA/DNA NAAT (Qual) <input type="checkbox"/> HIV-1 P24 Antigen <input type="checkbox"/> HIV-1 Culture <input type="checkbox"/> HIV-2 RNA/DNA NAAT (Qual) <input type="checkbox"/> HIV-2 Culture RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate Collection Date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
HIV Detection Tests (Quantitative viral load)	Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Manufacturer:	
TEST: <input type="checkbox"/> HIV-1 RNA/DNA NAAT (Quantitative viral load) Collection Date: RESULT: <input type="checkbox"/> Undetectable, < Copies/mL or <input type="checkbox"/> Detectable : _____ Copies/mL: _____ Log <input type="checkbox"/>			
Immunologic Tests (CD4)	Count: _____ cells/ μ L Percentage: % Collection Date: _____		
HIV-1 Genotype Tests [Nucleotide Sequence]	<input type="checkbox"/> PR <input type="checkbox"/> RT <input type="checkbox"/> PR/RT <input type="checkbox"/> IN <input type="checkbox"/> PR/RT/IN Collection Date: _____		

Because of severe penalties written into the law for breaches in security and confidentiality, we strongly suggest you **NOT email or fax** laboratory reports of HIV-indicative results to us. HIV reports can be sent by traceable mail in a double envelope or courier services to:

Epidemiology Program
2525 Grand Ave., Suite 229
Long Beach, CA 90815
Tel: (562)570-4312

*Minimum information required for HIV reporting 06/2013