☐ Acceptance Criteria Not Met
Reason: _____
Date: _____ Initials: _____

HIV/HCV TESTING REPORT FORM

NC Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive • Raleigh, NC 27607

Test Requested
☐ HIV ☐ HCV ☐ HIV and HCV

Patient Information

Attach Printed Label Below

Last Name
First Name **MI**
Address
Address
City **County** **State** **Zip Code**

Local Pt ID
Date of Birth (MM/DD/CCYY) / /
Medicaid Client If yes, enter # ☐ Yes ☐ No
Annual Exam Date (MM/DD/CCYY) / /
Dx Code/ ICD
Insurance ID Number (if applicable):

Race (mark all that apply)
☐ White ☐ American Indian/Alaska Native
☐ Black ☐ Native Hawaiian/Pacific Isles
☐ Asian ☐ Unknown

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Gender
☐ Male ☐ Transgender M2F
☐ Female ☐ Transgender F2M
☐ Unknown ☐ Transgender Unk

If Female, pregnant?
☐ Yes
☐ No
☐ Unknown

Agency

EIN Number -
Agency Name
NPI Number
Program Code
Provider Last Name
Provider First Name

Test Setting

Test Setting (mark only one)
☐ HIV testing site ☐ Community Health Ctr ☐ Emergency Dept
☐ STD Clinic ☐ Prison/Jail ☐ Other Clinical
☐ Drug Treatment ☐ DIS Field Visit ☐ Other Non-clinical
☐ Family Planning ☐ PreNatal/OB Related
☐ TB Clinic ☐ Community Setting

Previous HIV Test?
☐ No ☐ Yes ☐ Unknown

Risk Factors

☐ Current 900
☐ History of Injection drug use

Behaviors during the last 12 months:
☐ Vaginal/Anal sex with a MALE partner
☐ Vaginal/Anal sex with a FEMALE partner
☐ Injection drug use
☐ Multiple Sexual Partners

HIV Test Information

Rapid Test / Other Lab HIV Tests

Sample Date (MM/DD/CCYY) / /
Collector ID
Technology
☐ Rapid → **Rapid Test Used**
☐ Conventional ☐ OraQuick
☐ NAAT/RNA ☐ Clearview
☐ Other ☐ Uni-Gold
☐ Other

If OTHER, Specify Rapid Test Brand

Test Result
☐ Negative ☐ Invalid
☐ Positive/Reactive ☐ No result
☐ Indeterminate

Rapid Test / Other Lab HIV Tests

Sample Date (MM/DD/CCYY) / /
Collector ID
Technology
☐ Rapid → **Rapid Test Used**
☐ Conventional ☐ OraQuick
☐ NAAT/RNA ☐ Clearview
☐ Other ☐ Uni-Gold
☐ Other

If OTHER, Specify Rapid Test Brand

Test Result
☐ Negative ☐ Invalid
☐ Positive/Reactive ☐ No result
☐ Indeterminate

SLPH Testing

Sample Date (MM/DD/CCYY) / /
Collector ID
Type of Sample ☐ Serum ☐ Cadaveric Fluid
Collection Time (24hr time)

Local Use Data Fields

Local Use Field 1
Local Use Field 2

Lab Use Only **Bar Code**

3431384387