

Office Use Only **Interim Rapid Testing Form**

Section 1	Agency Name								
Client Demographic Information									
Last Name First Name	MI	DOB M M / D D / C C Y Y							
County State Zip Code Other	CTS Form Number								
Ethnicity Race - (mark all that apply) Hispanic Non-Hispanic White Black Asian Amer	ican Indian	Native Hawaiian/Pacific Isles Unknown							
Current Gender Male Female Unknown T	ransgender Birth Sex	Male Female Unknown							
	Community Health Field Visit	Outreach Other							
Pretest Counselor Section 2 Pre-Test Counseling Information									
Client Counseled Pregnant Yes No Yes	No Unknown	Outreach Venue?							
Symptomatic for HIV/AIDS	Behaviors within the last 12 more Sex with man Sex with woman Injection Drug Use Sex with HIV+ person Sex with IDU Sex with MSM Sex in exchange for drugs/money Current STD diagnosis Information Vice Previous	htths - (mark all that apply) Child of HIV infected woman Sex while using non-inj drugs Sex with other HIV/Aids Risk Hemophilia/Blood Recipient Health Care Exposure Victim of Sexual Assault No acknowledged Risk Other Risk							
No previous test Yes, indeterminate Yes, negative Yes, result unknown Yes, positive	Conventional Oral	Blood							
Rapid Test Used OraQuick Reveal Uni-Gold Other Lot Number Rapid Test Brand - (If Other)	Type of Specimen Oral Blood apid Test Result This Visit Negative Indeterminate Positive Unsatisfactory	Rapid Test Results Provided to Client? No Yes, at next contact Yes, same day Yes, Other Yes, because of follow-up Date Rapid Results Provided to Client							



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Interim Rapid Testing Form Continued

Section 4 Confirmatory Testing

A. Confirmatory Testing Date of Confirmatory Test	State Lab? CTS Form Number If Not Tested, Why? Client Declined										
M M D D C C Y Y	If Not State Lab, Laboratory Used for Confirmatory Test Other										
Confirmatory Test Results											
Western Blot Result Positive RNA Test Result Positive RNA Test Result Positive	Negative Indeterminate Unsatisfactory MMDDDCCYY Negative Unsatisfactory										
For Confirmatory Western Blot Results											
P17 P24 P Yes No Yes No	31 P51 P55 P66 gp41 gp160 Yes No Yes No Yes No Yes No										
Date of Repeat Test M M M D D C C Y Y Repeat Confirmatory Test Result EIA Test Result Positive Western Blot Result	Negative Indeterminate Unsatisfactory Date Repeat Confirmatory Test Results Received										
Positive	Negative Indeterminate Unsatisfactory MM DD CCYY										
RNA Test Result Positive	Negative Indeterminate Unsatisfactory										
For Confirmatory Western Blot F	esults										
P17 P24 F ☐ Yes ☐ No ☐ Yes ☐ No	31										
Section 5 Postive Tests:	Patient Referrals										
For Confirmed Positive Tests											
Date Client Referred for Partner Cou	nseling and Referral Services (PCRS) Date Client Referred for Care Services										
	CCYY MM DD CCYY										

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Follow the sample letters and numbers as closely as possible.

Α	В	С	D	E	F	G	Н	I	J	K	L	M
N	0	Р	Q	R	5	T	U	٧	W	X	У	Z
1	2	3	4	5	6	7	8	9	0			



