RAPID HIV TEST REPORT

CONFIDENTIAL

Last Name	**First Name**	**MI**	**CTS (Barcode #or unique ID code)**

Date of Birth:

1st RAPID TEST OraQuick StatPak Determine Unigold **Other**_____

Result:
- O **NEGATIVE**

Reference Range: **Negative**

Test Date:
Test Site:

Laboratory Director:
Site telephone#:

- O **PRELIMINARY POSITIVE**
  - o **Antibody**
  - o **Antigen/Antibody (Determine)**
  - o **Antigen only(Determine)**

O 2nd RAPID TEST performed, see below

O CONFIRMATORY testing performed, see separate report

2nd RAPID TEST OraQuick StatPak Determine Unigold **Other**_____

Result:
- o **NEGATIVE**
- o **POSITIVE**

Reference Range: **Negative**

Test Date:
Test Site:

Laboratory Director:
Site telephone#:

Rapid HIV testing considerations:

- If the 1st rapid test is **NEGATIVE**, the screen is considered Negative for HIV antibodies
- If the 1st rapid test is **POSITIVE**, further testing is needed: either confirmatory testing (Western blot or molecular tests) from an outside laboratory, or a second rapid test:
  - If two orthogonal (different) rapid tests have been performed and are **both POSITIVE**: Based on current guidelines, the patient is considered positive for HIV and has been referred for care. Additional testing may be performed at the treatment center, to confirm and further evaluate the condition.
  - Two orthogonal (different) rapid tests have been performed with the **second test NEGATIVE**: The results are **DISCORDANT** and require further investigation. Refer to **DISCORDANT** procedures and call NJHIV support for assistance with interpretation at **732-236-7013**.
- If the 1st rapid test is Determine, and the result is **ANTIGEN ONLY POSITIVE**, collect samples as for a discordant work-up and call NJHIV support, but **REFER patient to care**. This may represent an acute HIV case; the confirmation of the preliminary result may take 7-10 days.

A Medical Records Release Form was signed.	**Date:**
Signature of Patient_____	

This form goes to the ordering physician with a copy kept in the patient chart. The rapid tests used have been evaluated and approved for use by the FDA. The rapid test(s) have been interpreted by a trained operator, competent in the performance of these tests and reflect the HIV status of the patient identified above at the time of the testing. A copy of the form can be released to referral/treatment centers, provided the results of the rapid tests were used for referral AND the patient signed the medical records release, above.