

Rapid HIV *Partner Services* Referral

Client CTS number _____ Site ID: _____ Today's date: _____

- **Always call *Partner Services* first** at 973-648-7474 with details of the client you are referring.
- Check the corresponding box appropriate to the client's needs.
- Follow instructions in that box.
- **Fax** this and all forms within 24 hours to ***Partner Services*** at 973-648-7384.
- Also **fax** a NJ HIV Positive Tracking form to HIV Rapid Testing Support at 732-235-9012.
- **Always** keep copies for your files and/or records of everything you submit to *Partner Services*.

Counselor at site

Partner Services

<input type="checkbox"/>	1	<p>Client refused second confirmatory test.</p> <p><u>Fax</u> to <i>Partner Services</i>:</p> <ul style="list-style-type: none"> • Evaluation Web form, part 1 • NJ HIV Positive Tracking Form • <i>Partner Services</i> Referral. <i>Do not include client identifiers other than CTS number.</i> <p>Is client aware of positive Rapid HIV test result?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<ul style="list-style-type: none"> • Do a UniGold to confirm result. • Call Navigator
<input type="checkbox"/>	2	<p>Client received first and second rapid test but did not receive result of second test.</p> <p><u>Fax</u> to <i>Partner Services</i>:</p> <ul style="list-style-type: none"> • Evaluation Web form, part 1 • NJ HIV Positive Tracking Form • <i>Partner Services</i> Referral. <i>Do not include client identifiers other than CTS number.</i> 	<ul style="list-style-type: none"> • <i>Post test counseling</i> • <i>Call Navigator</i>
<input type="checkbox"/>	3	<p>Client tested positive on StatPak and negative on the second rapid test, but the client refused the discordant work up.</p> <p><u>Fax</u> to <i>Partner Services</i>:</p> <ul style="list-style-type: none"> • Evaluation Web form, part 1 • NJ HIV Positive Tracking Form • <i>Partner Services</i> Referral. <i>Do not include client identifiers other than CTS number.</i> 	<ul style="list-style-type: none"> • Do a UniGold to confirm result. • Refer client back to site for additional testing.
<input type="checkbox"/>	4	<p>Client did not return for the discordant results.</p> <p><u>Fax</u> to <i>Partner Services</i>:</p> <ul style="list-style-type: none"> • Evaluation Web form, part 1 • NJ HIV Positive Tracking Form • <i>Partner Services</i> Referral. <i>Do not include client identifiers other than CTS number.</i> 	<ul style="list-style-type: none"> • Do a UniGold to confirm the result. • Refer the client back to the site.

For *Partner Services* use only:

Did you reach the client? ___ No ___ Yes (If Yes, Date _____)

Did you do an OraSure? ___ No ___ Yes (If Yes, Date _____)

Did you do a Rapid HIV test? ___ No ___ Yes (If Yes, Date _____)

Did you link client to Medical Services ___ No ___ Yes (If Yes, Date _____)

When the case is closed, **fax** this form back to HIV Rapid Testing Support at 732-235-9012.

For Technical Assistance, call RWJ at 732-743-3624