

NJ HIV Positive Tracking Form

First Rapid HIV Test Result

Client ID # _____

Date: _____

First Test Site ID Number _____ First Test Site Name _____

First Test Site Counselor Name _____ First Test Site Counselor Number _____

First Rapid HIV Test Type: OraQuick Clearview STAT-PAK Determine Other
Result: Positive HIV 1/2 Antibody _____ Positive HIV Antigen (Determine) _____

Positive ANTIGEN ONLY (Determine)_____. No rapid tests can validate this result. Collect discordant work-up samples for confirmation, call NJHIV support for assistance and REFER client to care. This may represent an acute HIV case; confirmation may take 7-10 days.

Specimen (circle one): Oral Fingerstick Venipuncture Test Kit Lot Number: _____

For Single Rapid Test Sites and Non Clinical Rapid Test sites, this form must accompany the patient to test site where second test will be performed and must go to the treatment site. The form must be returned to the first test site to capture the positive result and referral to care.

Second Rapid HIV Test Result

Date: _____

Enter site information if Second Test Site Is different from First Test Site:

Second Test Site ID Number _____ **Also enter in Local Field 1 in Evaluation Web**

Second Test Site Name _____

Second Test Site Counselor Name _____

Second Test Site Counselor Number _____ **Also enter in Local Field 2 in Evaluation Web**

Second HIV Test Type: Rapid: Unigold OraQuick Result: Positive____ Negative____
Sent to Laboratory: Blood drawn for antigen confirmation____ (see attached report)

Specimen (circle one): Oral Fingerstick Venipuncture Test Kit Lot Number: _____

Test Result:

- Check One: Both Tests Positive
 Evaluation Web Result Form with client information mailed to Surveillance
Date Mailed: _____ Mailed By: _____
 Discordant Result (First test is positive and second test is negative. Also for **Antigen ONLY** positives). Draw 2 serum separator tubes and 2 white top tubes & Call NJ HIV Program at 732-743-3624 or 732-743-3620 for pickup. Process collected tubes according to instructions.
 Second Test Not Done: Client refused - Contact Partner Services and complete Partner Services Referral Form.

Fax to (732) 235-9012 when Rapid HIV Test Result part is completed

Client Referral To Treatment

Date client referred to treatment _____

Date of Appointment _____ Appointment Kept: Yes____ No____

If No, Why _____

Patient Navigated By: _____

Fax to (732) 235-9012 when Appointment information is completed