

# NJ HCV Positive Tracking Form

## Rapid HCV Screening Test Result

Client ID # \_\_\_\_\_

Date: \_\_\_\_\_

Test Site ID Number: \_\_\_\_\_

Site Counselor Name: \_\_\_\_\_

Test Site Name: \_\_\_\_\_

Site Counselor Number: \_\_\_\_\_

**Test Result:** OraQuick Rapid HCV

Result: Reactive \_\_\_\_ Non-Reactive \_\_\_\_

Specimen: Fingertick ■

Test Kit Lot Number: \_\_\_\_\_

**This form should accompany the patient to the site where follow-up testing will occur. The form must be returned to the initial test site to capture final results and any referral for additional care.**

### Client Referral

Date client referred to Primary Care Physician and Confirmatory Testing: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ with \_\_\_\_\_

Appointment: Kept: Yes \_\_\_\_ No \_\_\_\_ If No - Why not? \_\_\_\_\_

Date client referred to Infectious Disease Specialist (treatment): \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ with \_\_\_\_\_

Appointment Kept: Yes \_\_\_\_ No \_\_\_\_ If No- Why not? \_\_\_\_\_

If no referral was made, is the client a current drug user? Yes \_\_\_\_ No \_\_\_\_

Did the client receive a drug treatment referral? Yes \_\_\_\_ No \_\_\_\_

Patient Referred By: \_\_\_\_\_

*Fax to (732) 235-9012*

*when Appointment information has been made*

### Follow Up Testing Results

NOT PERFORMED: Client refused Additional Testing

*Fax to (732) 235-9012*

*If client refuses additional testing*

**Repeat HCV EIA Test: :**

Result: Positive  Negative  Not Performed

**HCV RNA Test :**

Result: Positive  Negative  Not Performed

*Fax to (732) 235-9012*

*When Follow-up Testing is completed*

**Notes:**

### Section 3.4