

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 ONLY)

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

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 IMMEDIATELY. This may represent an acute HIV case; confirmation may take 7-10 days. ENTER CONFIRMATORY RESULTS BELOW.

For Single Rapid Test Sites and Non Clinical Rapid-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: _____

NOT DONE BECAUSE: Client Walked OUT Determined to be KNOWN POS ALREADY IN CARE

Enter site information ONLY if Second Test Site Is different from First Test Site: R2R

Check off
ALL THAT
APPLY

Second Test Site ID Number: _____

Also enter in Local
Field 1 in Evaluation Web

Second Test Site Name: _____

Second Test Site Counselor Number: _____

Also enter in Local
Field 2 in Evaluation Web

Second Test Site Counselor Name: _____

Second HIV Test Type: Rapid: Unigold OraQuick Result: Positive _____ Negative _____

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

Test Result: Fax to 732-235-9012. When Rapid HIV test results part is completed

DO NOT SEND the EvalWeb Form to this number

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 pick-up. Process collected tubes according to instructions. *Discordant - Physician Line: 732-236-7013*

Second Test Not Done: Client refused - Contact Partner Services and complete Partner Services Form

Client Referral to Treatment: Fax to 732-235-9012 when appointment information is completed

Date client referred to treatment: _____

Date of Appointment: _____ Appointment kept: Yes No

If No, Why? _____

Patient Navigated By: _____

CONFIRMATORY Laboratory Results or DISCORDANT Laboratory Results:

Sent to Laboratory: Blood drawn for antigen confirmation _____

4th gen Reflex: POS NEG; Biorad MultiSpot HIV-1 HIV-2 NEG

Aptima Qual HIV-1 RNA POS NEG

Quantitative Viral Load: _____ copies/mL or < 20 copies/ML NEG CD4 count: _____

Please use assigned CTS number, de-identify and fax lab confirmation to: (732) 235-9012