

# 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:**  Determine  INSTI  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 Second Test Site Name: \_\_\_\_\_

Second Test Site Counselor Number: \_\_\_\_\_ Also, enter in Local Field 2 in Evaluation 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 \_\_\_\_\_

4<sup>th</sup> 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**