

Testing without Counseling

Client ID _____

Sex Male Female Unknown

Organization _____

Transgender MtF FtM N/A Unknown

Site _____

Race White Black Asian Pacific Islander

Funding DSHS HIV Prevention Base

Native American Multiracial Other Unknown

Test Date _____

Hispanic No Yes

Birth Date _____

Zip code _____

Sex with Male Yes No Refused Unknown **Sex with Female** Yes No Refused Unknown **IDU** Yes No Refused Unknown

Previously Tested for HIV No Yes – Negative Yes – Positive
Yes – Indeterminate Yes – Unknown Unknown

Previously Tested for HCV No Yes – Negative Yes – Positive
Yes – Indeterminate Yes – Unknown Unknown

Last Test: Month _____ **Year** _____

Last Test: Month _____ **Year** _____

HIV Testing

HIV Test Technology Rapid Standard Not tested

Rapid Test

Test Result Positive Negative Indeterminate No Result

Specimen Type Finger stick Venipuncture
Blood spot Oral Urine

Client Received Result Yes No Unknown

Date Result Received _____

Confirmatory Test

Test Result Positive Negative Indeterminate No Result

Specimen Type Finger stick Venipuncture
Blood spot Oral Urine

Client Received Result Yes No Unknown

Date Result Received _____

Standard Test

Test Result Positive Negative Indeterminate No Result

Specimen Type Finger stick Venipuncture
Blood spot Oral Urine

Client Received Result Yes No Unknown

Date Result Received _____

Referral to Early Intervention None Made Confirmed
Unknown

HCV Testing

Test Result Positive Negative Indeterminate No Result
Not tested

Specimen Type Finger stick Venipuncture
Blood spot Oral Urine

Client Received Result Yes No Unknown

Date Result Received _____

Referral to Medical Evaluation None Made Confirmed
Unknown

Syphilis Testing

Test Result Positive Negative Indeterminate No Result
Not tested

Specimen Type Finger stick Venipuncture
Blood spot Oral Urine

Client Received Result Yes No Unknown

Date Result Received _____

Referral to Medical Evaluation None Made Confirmed
Unknown