

**NOTIFICATION OF LABORATORY TESTING RESULTS  
INDICATIVE OF HUMAN IMMUNODEFICIENCY VIRUS (HIV)  
BY LABORATORY TO LOCAL HEALTH DEPARTMENT**

**LABORATORY REPORT NUMBER\***  
(Specimen Accession Number or Other Unique Specimen Identifier)

[Empty Box for Laboratory Report Number]
--

<b>PATIENT INFORMATION</b>			<b>DATE SPECIMEN TESTED*</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> <td style="width: 33%; text-align: center;">YYYY</td> </tr> </table>			MM	DD	YYYY
MM	DD	YYYY									
FIRST NAME*:	LAST NAME*:	MIDDLE NAME:									
DATE OF BIRTH*:			PATIENT ADDRESS								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> <td style="width: 33%; text-align: center;">YYYY</td> </tr> </table>			MM	DD	YYYY	CITY		STATE		ZIP CODE	
MM	DD	YYYY									
GENDER*:			PHONE (       )								
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male-to-Female Transgender <input type="checkbox"/> Female-to-Male Transgender			SOCIAL SECURITY NUMBER:    -    -    -								
RACE:			MEDICAL RECORD NUMBER: _____								
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown											
LATINO:											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
<b>PROVIDER*</b>			<b>LABORATORY*</b>								
PROVIDER NAME			CLIA#		LAB NAME						
ADDRESS											
CITY		STATE	ZIP CODE		ADDRESS						
PHONE (       )			CITY		STATE		ZIP CODE				
MD's Name:			PHONE: (       )		PHONE: (       )						
<b>HIV IMMUNOASSAYS (NON-TYPE DIFFERENTIATING)</b>			Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk								
TEST 1: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB			Manufacturer: _____								
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Collection Date: ____ / ____ / ____								
TEST 2: <input type="checkbox"/> HIV-1 IA <input type="checkbox"/> HIV-1/2 IA <input type="checkbox"/> HIV-1/2 Ag/Ab <input type="checkbox"/> HIV-1 WB <input type="checkbox"/> HIV-1 IFA <input type="checkbox"/> HIV-2 IA <input type="checkbox"/> HIV-2 WB			Manufacturer: _____								
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Collection Date: ____ / ____ / ____								
<b>HIV IMMUNOASSAYS (TYPE DIFFERENTIATING)</b>			Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk								
TEST: <input type="checkbox"/> HIV-1/2 Ag/Ab-differentiating (Differentiates between HIV Ag and HIV Ab) (e.g. Determine by Alere)											
RESULT: <input type="checkbox"/> Ag reactive <input type="checkbox"/> Ab reactive <input type="checkbox"/> Both (Ab and Ag reactive) <input type="checkbox"/> Neither (negative) <input type="checkbox"/> Invalid/Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Manufacturer: _____								
			Collection Date: ____ / ____ / ____								
TEST: <input type="checkbox"/> HIV-1/2 Ag/Ab and Type-differentiating (Differentiates among HIV-1 Ag, HIV-1 Ab, HIV-2 Ab) (e.g. Bio-Rad BioPlex "5th gen")											
RESULT: Select one result for HIV-1 Ag and one result for HIV Ab			HIV-1 Ag: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Not reported		HIV-1 Ab: <input type="checkbox"/> HIV-1 Reactive <input type="checkbox"/> HIV-2 Reactive <input type="checkbox"/> Both Reactive, Undifferentiated <input type="checkbox"/> Both Nonreactive						
Manufacturer: _____			Collection Date: ____ / ____ / ____								
TEST: <input type="checkbox"/> HIV-1/2 Type-differentiating (Differentiates between HIV-1 Ab and HIV-2 Ab) (e.g. Multispot, Geenius)											
RESULT: <input type="checkbox"/> HIV-1 <input type="checkbox"/> HIV-2 <input type="checkbox"/> Both (undifferentiated) <input type="checkbox"/> Neither (negative) <input type="checkbox"/> Indeterminate <input type="checkbox"/> RAPID TEST (check if rapid)			Manufacturer: _____								
			Collection Date: ____ / ____ / ____								
<b>HIV DETECTION TESTS (QUALITATIVE)</b>			Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk			Manufacturer:					
TEST: <input type="checkbox"/> HIV-1 RNA/DNA NAAT (Qual) <input type="checkbox"/> HIV-1 P24 Antigen <input type="checkbox"/> HIV-1 Culture <input type="checkbox"/> HIV-2 RNA/DNA NAAT (Qual) <input type="checkbox"/> HIV-2 Culture											
RESULT: <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Nonreactive <input type="checkbox"/> Indeterminate			Collection Date: ____ / ____ / ____								
<b>HIV DETECTION TESTS (Quantitative viral load)</b>			Sample Type: <input type="checkbox"/> Blood <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unk			Manufacturer:					
TEST: <input type="checkbox"/> HIV-1 RNA/DNA NAAT (Quantitative viral load)			Collection Date: ____ / ____ / ____								
RESULT: <input type="checkbox"/> Undetectable < _____ Copies/mL or <input type="checkbox"/> Detectable: _____ Copies/mL, _____ Log											
<b>IMMUNOLOGIC TESTS (CD4)</b>			Count: _____ cells/μL		Percentage: _____ %		Collection Date: ____ / ____ / ____				
<b>HIV-1 GENOTYPE TESTS (NUCLEOTIDE SEQUENCE)</b>			<input type="checkbox"/> PR <input type="checkbox"/> RT <input type="checkbox"/> PR/RT <input type="checkbox"/> IN <input type="checkbox"/> PR/RT/IN		Collection Date: ____ / ____ / ____						

Because of severe penalties written into the law for breaches in security and confidentiality, we strongly suggest you **NOT email or fax** laboratory reports of HIV-indicative results to us. HIV reports can be sent by traceable mail or courier services to:

**Los Angeles County Department of Public Health**  
600 South Commonwealth Avenue, 10F - Suite 1260  
Los Angeles, CA 90005

Tel: (213) 351-8196 or (213) 351-8516

\* Minimum information required for HIV reporting