

**INSTRUCTIONS FOR SUBMITTING CONFIRMED HUMAN IMMUNODEFICIENCY VIRUS
(HIV) TEST* RESULTS USING ELECTRONIC MEDIA BY LABORATORY TO LOCAL
HEALTH DEPARTMENT (05/2006)**

**HIV/AIDS CASE REGISTRY
OFFICE OF AIDS
CALIFORNIA DEPARTMENT OF HEALTH SERVICES (DHS)**

When submitting confirmed HIV test results to local health jurisdictions using electronic media, the following format is recommended:

- 1) The file format must be MSDOS/Windows ASCII.
- 2) Each file should be named with an abbreviation of the submitting laboratory name, followed by the date of submission of the form **yyymmdd**, and with the file extension **txt**.

Example: **MYLAB20060529.TXT**.

- 3) Each file contains records, and each record represents **one** test result.
- 4) Each record consists of **fields**.
 - a) Fields within a record are delimited by the pipe “|” symbol.
 - b) This means that **NO DATA** can contain the symbol “|” as it is reserved for delimiting fields.
 - c) A delimiter does not precede the first field and a delimiter does not follow the last field.
 - d) **Missing or unknown values** are represented with a single period “.”.
 - e) Telephone numbers must include area codes.
- 5) It is highly recommended that, whenever possible, each line in a file represents one record. The lines in each file end with the line-feed carriage-return that is typical of MSDOS and Windows.
- 6) In situations where the total length of a particular record exceeds the maximum logical record length permitted by your host system, then the record can span multiple lines and:
 - a) Each line (except the last line) within that record must end with a continuation **character** “+”, the plus symbol.
 - b) The line that ends with the line-feed carriage-return and without the continuation character “+” is the end of the record.
 - c) When doing this, one must be careful that the line ends with a “+” symbol **ONLY** when it is a continuation and not because the data itself ends with a plus “+”.

7) The first record of each file should contain the following fields:

FIELD No.	FIELD NAME	FIELD DESCRIPTION
1	LAB_NAME	Name of submitting laboratory (as shown on license)
2	LAB_CLIA	15-digit Clinical Laboratory Improvement Amendments (CLIA) certificate number of submitting laboratory
3	LAB_STREET	Street address of submitting laboratory
4	LAB_CITY	City where submitting laboratory is located
5	LAB_ST	State where submitting laboratory is located
6	LAB_ZIP	Zip code of submitting laboratory
7	LAB_PHONE	Phone number of appropriate contact person at the submitting laboratory

8) Test result records should begin on the second record of each file. The fields are as follows:

FIELD No.	FIELD NAME	FIELD DESCRIPTION	CODING INSTRUCTIONS
1	SOUNDEX	Soundex code of patient's surname	Follow the coding instructions for soundex
2	BTHMO	Patient's month of birth	January 01 February 02 March 03 April 04 May 05 June 06 July 07 August 08 September 09 October 10 November 11 December 12

FIELD NO.	FIELD NAME	FIELD DESCRIPTION	CODING INSTRUCTIONS
3	BTHDAY	Patient's day of birth	01 - 31
4	BTHYR	Patient's year of birth	4-digit year
5	GENDER	Patient's gender	Male 1 Female 2 M – F 3 F – M 4
6	CODE_BY_PVD	Patient's code assigned by provider (complete if provider cannot release patient's last name or soundex code)	
7	CLIENT_ID	The 8-digit California State DHS Client ID Number (provided only on the Confidential HIV Antibody Test lab slip – DHS 8257C (1/02))	
8	LAB_NO	Laboratory report number (specimen accession number or other unique specimen identifier)	
9	SP_COL_MO	Month specimen was collected	Same as BTHMO
10	SP_COL_DAY	Day specimen was collected	01 - 31
11	SP_COL_YR	Year specimen was collected	4-digit year
12	SP_TST_MO	Month specimen was tested	Same as BTHMO
13	SP_TST_DAY	Day specimen was tested	01 - 31
14	SP_TST_YR	Year specimen was tested	4 digit year

FIELD NO.	FIELD NAME	FIELD DESCRIPTION	CODING INSTRUCTIONS
15	TEST_NAME	Name of laboratory test performed	
16	TEST_CODE	Code for laboratory test performed	If available, use Logical Observation Identifiers Names and Codes (LOINC); otherwise use code assigned by the laboratory
17	RESULT	Result of laboratory test performed	
18	RESULT_CODE	Code for laboratory test result	If available, use Systemized Nomenclature of Medicine (SNOMED); otherwise use code assigned by the laboratory
19	UNITS	Units of laboratory test result	
20	PVD_NAME	Name of healthcare provider who submitted the specimen	
21	PVD_STREET	Street address of healthcare provider who submitted the specimen	
22	PVD_CITY	City where healthcare provider who submitted the specimen is located	
23	PVD_ST	State where healthcare provider who submitted the specimen is located	
24	PVD_ZIP	Zip code of healthcare provider who submitted the specimen	
25	PVD_PHONE	Phone number of healthcare provider who submitted the specimen	
26	FAC_NAME	Name of facility that submitted the specimen	

FIELD No.	FIELD NAME	FIELD DESCRIPTION	CODING INSTRUCTIONS
27	FAC_STREET	Street address of facility that submitted the specimen	
28	FAC_CITY	City where the facility that submitted the specimen is located	
29	FAC_ST	State where the facility that submitted the specimen is located	
30	FAC_ZIP	Zip code of facility that submitted the specimen	
31	FAC_PHONE	Phone number of facility that submitted the specimen	
32	L_NAME	Last name of the patient	
33	F_NAME	First name of the patient	
34	M_NAME	Middle name of the patient	
35	UPDT_FLAG	Indicator of whether current report is an update of a previously reported test result with missing or incorrect data	New report 0 Update 1

* “Confirmed HIV test” means:

(a) a procedure which verifies the presence of HIV infection as determined by any clinical laboratory test or examination used to detect the presence of HIV, a component of HIV, or antibodies to or antigens of HIV, including the HIV antibody (HIV-Ab), HIV p-24 antigen, Western blot (Wb), and immunofluorescence antibody tests; or

(b) all tests used to monitor HIV infection, including HIV nucleic acid detection.