

EvaluationWeb® 2019 PS17-1704 HIV Test Template

Form ID (enter or adhere)

2 Final Test Information (complete for ALL persons)

HIV Test Election
 Anonymous Confidential Test Not Done

Test Type (select one only)
 CLIA-waived point-of-care (POC) Rapid Test(s) Laboratory-based Test

POC Rapid Test Result (definitions on page 3) <input type="radio"/> Preliminary Positive <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Discordant <input type="radio"/> Invalid	Laboratory-based Test <input type="radio"/> HIV-1 Positive <input type="radio"/> HIV-1 Positive, possibly acute <input type="radio"/> HIV-2 Positive <input type="radio"/> HIV Positive, undifferentiated <input type="radio"/> HIV-1 Negative, HIV-2 Inconclusive <input type="radio"/> HIV-1 Negative <input type="radio"/> HIV Negative <input type="radio"/> Inconclusive, further testing needed
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Result provided to client?
 No Yes Yes, client obtained the result from another agency

3 Negative Test Result (complete for persons testing NEGATIVE for HIV)

Is the client at risk for HIV infection?
 No Yes Risk Not Known Not Assessed

Was the client screened for PrEP eligibility?
 No Yes

Is the client eligible for PrEP referral?
 No Yes, by CDC criteria Yes, by local criteria or protocol

Was the client given a referral to a PrEP provider?
 No Yes

Was the client provided with services to assist with linkage to a PrEP provider?
 No Yes

4 Positive Test Result (complete for persons testing POSITIVE for HIV)

Did the client attend an HIV medical care appointment after this positive test?

Yes, confirmed No
 Yes, client/patient self-report Don't Know
 Date Attended:

Has the client ever had a positive HIV test?
 No Yes Don't Know

Date of first positive result:

Was the client provided with individualized behavioral risk-reduction counseling?
 No Yes

Was the client's contact information provided to the health department for Partner Services?
 No Yes

What was the client's most severe housing status in the last 12 months?

Literally homeless Not asked
 Unstably house or at risk of losing housing Declined to Answer
 Stably housed Don't know

If the client is female, is she pregnant?

No Declined to Answer
 Yes Don't know

Is the client in prenatal care?
 No Don't know Not asked
 Yes Declined to Answer
 Was the client screened for need of perinatal HIV service coordination?
 No Yes
 Does the client need perinatal HIV service coordination?
 No Yes
 Was the client referred for perinatal HIV service coordination?
 No Yes

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5 Additional Tests (complete for ALL persons)

Was the client tested for co-infections?
 No Yes

▶ Tested for Syphilis?
 No Yes

↓

Syphilis Test Result (optional)

Newly Identified infection

Not Infected

Don't know

▶ Tested for Gonorrhea?
 No Yes

↓

Gonorrhea Test Result (optional)

Positive Negative Don't Know

▶ Tested for Chlamydial infection?
 No Yes

↓

Chlamydial infection Test Result (optional)

Positive Negative Don't Know

▶ Tested for Hepatitis C?
 No Yes

↓

Hepatitis C Test Result (optional)

Positive Negative Don't Know

Value Definitions for POC Rapid Test Results

Preliminary positive - One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency

Positive - Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done

Negative - One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done

Discordant - One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done

Invalid - A CLIA-waived POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport

6 PrEP Awareness and Use/Priority Populations (complete for all persons)

Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?
 No Yes

Is the client currently taking daily PrEP medication?
 No Yes

Has the client used PrEP anytime in the last 12 months?
 No Yes

In the past five years, has the client had sex with a male?
 No Yes

In the past five years, has the client had sex with a female?
 No Yes

In the past five years, has the client had sex with a transgender person?
 No Yes

In the past five years, has the client injected drugs or substances?
 No Yes

7 Essential Support Services (complete for all persons, EXCEPT as indicated)

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Linkage services to HIV medical care (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Medication adherence support (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Health benefits navigation and enrollment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

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8 Local Use Fields (optional)

Local Use Field 1

Local Use Field 2

Local Use Field 3

Local Use Field 4

Local Use Field 5

Local Use Field 6

Local Use Field 7

Local Use Field 8

Notes (optional)

9 Positive Test Result Confirmation (complete for persons testing POSITIVE for HIV)

New or Previous diagnosis?

- New diagnosis, verified Previous diagnosis
 New diagnosis, not verified Unable to determine

▶ Has the client seen a medical care provider in the past six months for HIV treatment?

- No Declined to Answer
 Yes Don't know

Value Definitions for POC Rapid Test Results

New diagnosis, verified - The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self report (if the client was asked) or review of other data sources (if other data sources were checked).

New diagnosis, not verified - The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.

Previous diagnosis - Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.

Unable to determine - The HIV surveillance system not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.