



COMMENTS/OTHER

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**The following questions must be completed for HIV-1/HIV-2 Testing:**

**TYPE OF TUBE USED FOR BLOOD DRAW**

22	<input type="checkbox"/> Clot tube (red-top for serum) <input type="checkbox"/> SST tube (red and gray tiger top tube – for serum) <input type="checkbox"/> Other (specify) _____
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**DATE OF CENTRIFUGATION**

**TIME OF CENTRIFUGATION**

23	M	M	D	D	Y	Y	Y	Y	24					<input type="checkbox"/>	<input type="checkbox"/>
														AM	PM

**DATE OF POURING OFF (SERUM)**

**TIME OF POURING OFF (SERUM)**

25	M	M	D	D	Y	Y	Y	Y	26					<input type="checkbox"/>	<input type="checkbox"/>
														AM	PM

**TOTAL VOLUME OF SERUM SENT FOR HIV TESTING**

27	_____ . _____ mL
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**SERUM CONDITION**

28	<input type="checkbox"/> No Hemolysis <input type="checkbox"/> Low Hemolysis <input type="checkbox"/> Moderate Hemolysis <input type="checkbox"/> High Hemolysis <input type="checkbox"/> Lipemic <input type="checkbox"/> Contaminated
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**DATE OF COURIER PICK UP**

**TIME OF COURIER PICK UP**

29	M	M	D	D	Y	Y	Y	Y	30					<input type="checkbox"/>	<input type="checkbox"/>
														AM	PM

**IF APPLICABLE:**

**DATE SAMPLE FROZEN AT -70 CELSIUS**

**TIME SAMPLE FROZEN AT -70 CELSIUS**

31	M	M	D	D	Y	Y	Y	Y	32					<input type="checkbox"/>	<input type="checkbox"/>
														AM	PM

**SAMPLE KNOWN TO BE INELIGIBLE FOR GENOTYPE TESTING - EXPLANATION**

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**Sexually Transmitted Diseases – Definitions**

- Symptoms:** Patient requesting examination due to symptoms, or, symptoms discovered on examination.
- Infected Partner:** Patient has known exposure to STD (self-reported or documented).
- Partner Risk:** Patient has multiple sex partners.
- History of STD:** Patient has been diagnosed with a sexually transmitted disease within last 3 years.
- Prenatal Visit:** Patient examination is part of prenatal visit.
- Age recommended:** Recommended age criteria for screening female patients is ≤ 24 for family planning clinics, adolescent and juvenile detention sites, and all ages for STD clinics.
- “Plan First!” Clients:** A “Plan First!” client seeking family planning services will receive screening and teaching. *Chlamydia trachomatis* and *Neisseria gonorrhoeae* screening must be offered to “Plan First!” clients < 24 years of age, prior to provision of a contraceptive method, if risk factors are reported.
- Retest:** CDC recommends that women testing positive for *N. gonorrhea* and *Chlamydia trachomatis* be retested approximately 3 months after treatment. Providers are also strongly encouraged to retest all women treated for these infections whenever they seek medical care within the following 3-12 months, regardless of whether the patient believes her sex partners were treated.

<sup>1</sup>All tests positive for *Chlamydia* will automatically be tested for *N. gonorrhoeae*.