

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

TYPE OF TUBE USED FOR BLOOD DRAW

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

TIME OF CENTRIFUGATION

21	M	M	D	D	Y	Y	Y	Y	22					AM	PM
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DATE OF POURING OFF (SERUM)

TIME OF POURING OFF (SERUM)

23	M	M	D	D	Y	Y	Y	Y	24					AM	PM
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TOTAL VOLUME OF SERUM SENT FOR HIV TESTING

25	___4_ . ___0_mL
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SERUM CONDITION

26	No Hemolysis Low Hemolysis Moderate Hemolysis High Hemolysis Lipemic Contaminated
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DATE OF COURIER PICK UP

TIME OF COURIER PICK UP

27	M	M	D	D	Y	Y	Y	Y	28					AM	PM
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IF APPLICABLE:

DATE SAMPLE FROZEN AT -70 CELCIUS

TIME SAMPLE FROZEN AT -70 CELCIUS

29	M	M	D	D	Y	Y	Y	Y	30					AM	PM
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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.
- Other:** Screened for reason not stated above.