

**EXAMPLES OF REPORTING VARIOUS DIAGNOSTIC HIV TESTS  
ON THE MICHIGAN ADULT CONFIDENTIAL HIV CASE REPORT FORM DCH FORM #1355  
February 2016**

**1. Example of two reactive rapid tests:**

HIV DIAGNOSTIC TESTS – please report all positive and subsequent negative tests											
Type of Test <i>***At least 2 Antibody Tests must be indicated for an HIV diagnosis***</i> IA = ImmunoAssay	Collection Date	Rapid Test	Positive or Reactive	Reactive for Ag	Reactive for Ab	HIV1 Ab Positive	HIV 2 Ab Positive	Indeterminate	Undifferentiated	Negative or NonReactive	Manufacturer
HIV-1/2 Ag/Ab <b>Lab</b> IA (4 <sup>th</sup> Gen <i>Discriminating</i> )		N									
HIV-1/2 Ag/Ab <b>Rapid</b> IA (4 <sup>th</sup> Gen <i>Discriminating</i> )	2/5/2016	Y		X	X						Alere Determine
HIV-1/2 Ag/Ab <b>Lab</b> IA (4 <sup>th</sup> Gen)		N									
HIV-1/2 Ab IA (2 <sup>nd</sup> or 3 <sup>rd</sup> Gen)	2/5/2016	Y N	X								Insti
HIV1/HIV 2 Type Differentiating IA		Y									Multispot or Geenius
HIV-1 Western Blot		N									
HIV-1 RNA/DNA Qualitative NAAT		N									
OTHER: _____											
Last Negative Test (prior to HIV diagnosis)		Y N									
If HIV lab tests were NOT documented, is HIV diagnosis confirmed by a clinical care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											
IF YES, please provide date of documentation by care provider: _____/_____/_____											

**2. Example of reactive rapid Ag/Ab 4<sup>th</sup> gen test (Determine) followed by standard lab algorithm:**

HIV DIAGNOSTIC TESTS – please report all positive and subsequent negative tests											
Type of Test <i>***At least 2 Antibody Tests must be indicated for an HIV diagnosis***</i> IA = ImmunoAssay	Collection Date	Rapid Test	Positive or Reactive	Reactive for Ag	Reactive for Ab	HIV1 Ab Positive	HIV 2 Ab Positive	Indeterminate	Undifferentiated	Negative or NonReactive	Manufacturer
HIV-1/2 Ag/Ab <b>Lab</b> IA (4 <sup>th</sup> Gen <i>Discriminating</i> )		N									
HIV-1/2 Ag/Ab <b>Rapid</b> IA (4 <sup>th</sup> Gen <i>Discriminating</i> )	2/5/2016	Y			X						Alere Determine
HIV-1/2 Ag/Ab <b>Lab</b> IA (4 <sup>th</sup> Gen)	2/5/2016	N	X								
HIV-1/2 Ab IA (2 <sup>nd</sup> or 3 <sup>rd</sup> Gen)		Y N									
HIV1/HIV 2 Type Differentiating IA	2/5/2016	Y				X					Multispot or Geenius
HIV-1 Western Blot		N									
HIV-1 RNA/DNA Qualitative NAAT		N									
OTHER: _____											
Last Negative Test (prior to HIV diagnosis)		Y N									
If HIV lab tests were NOT documented, is HIV diagnosis confirmed by a clinical care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											
IF YES, please provide date of documentation by care provider: _____/_____/_____											

3. Example of reactive rapid Ag/Ab 4<sup>th</sup> gen test (Determine) followed by Orasure sent to state lab:

HIV DIAGNOSTIC TESTS – please report all positive and subsequent negative tests											
Type of Test ***At least 2 Antibody Tests must be indicated for an HIV diagnosis*** IA = ImmunoAssay	Collection Date	Rapid Test	Positive or Reactive	Reactive for Ag	Reactive for Ab	HIV1 Ab Positive	HIV 2 Ab Positive	Indeterminate	Undifferentiated	Negative or NonReactive	Manufacturer
HIV-1/2 Ag/Ab Lab IA (4 <sup>th</sup> Gen Discriminating)		N									
HIV-1/2 Ag/Ab Rapid IA (4 <sup>th</sup> Gen Discriminating)	2/5/2016	Y			X						Alera Determine
HIV-1/2 Ag/Ab Lab IA (4 <sup>th</sup> Gen)		N									
HIV-1/2 Ab IA (2 <sup>nd</sup> or 3 <sup>rd</sup> Gen)	2/5/2016	Y <b>N</b>	X								Orasure
HIV1/HIV 2 Type Differentiating IA		Y									Multispot or Geenius
HIV-1 Western Blot	2/5/2016	N	X								
HIV-1 RNA/DNA Qualitative NAAT		N									
OTHER: _____											
Last Negative Test (prior to HIV diagnosis)		Y N									
If HIV lab tests were NOT documented, is HIV diagnosis confirmed by a clinical care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											
IF YES, please provide date of documentation by care provider: _____/_____/_____											

4. Example of discordant test results requiring a NAT, i.e. first test pos, second test neg or indeterm:

HIV DIAGNOSTIC TESTS – please report all positive and subsequent negative tests											
Type of Test ***At least 2 Antibody Tests must be indicated for an HIV diagnosis*** IA = ImmunoAssay	Collection Date	Rapid Test	Positive or Reactive	Reactive for Ag	Reactive for Ab	HIV1 Ab Positive	HIV 2 Ab Positive	Indeterminate	Undifferentiated	Negative or NonReactive	Manufacturer
HIV-1/2 Ag/Ab Lab IA (4 <sup>th</sup> Gen Discriminating)		N									
HIV-1/2 Ag/Ab Rapid IA (4 <sup>th</sup> Gen Discriminating)		Y									Alera Determine
HIV-1/2 Ag/Ab Lab IA (4 <sup>th</sup> Gen)	2/5/2016	N	X								
HIV-1/2 Ab IA (2 <sup>nd</sup> or 3 <sup>rd</sup> Gen)		Y N									
HIV1/HIV 2 Type Differentiating IA	2/5/2016	Y								X	Multispot or Geenius
HIV-1 Western Blot		N									
HIV-1 RNA/DNA Qualitative NAAT	2/5/2016	N	X								
OTHER: _____											
Last Negative Test (prior to HIV diagnosis)		Y N									
If HIV lab tests were NOT documented, is HIV diagnosis confirmed by a clinical care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											
IF YES, please provide date of documentation by care provider: _____/_____/_____											