

INSTRUCTIONS FOR COMPLETING VERIFICATION REGARDING TEST RESULTS FORM

Part A:

The Victim Advocate Office is required to complete Part A of this form in compliance with 1988 PA 471. This form, when used in conjunction with the court order for testing for disease/infection, allows for verification and transmittal of a defendant's/juvenile's test results to appropriate authorities.

Please provide the following information in the space provided:

1. Case Number
2. Defendant's/Juvenile's name
3. Defendant's/Juvenile's date of birth
4. Address of court specified in Item 5 of the order for testing (MCH 234)
5. Name and address of victim advocate office

Place an **X** in the A box if the victim request the counseling and testing agency or physician, who administered the defendant's/juvenile's test, to notify him/her of the test results. If the victim has selected this means of notification, form DCH 1253 should be attached.

Place and **X** in the B box if the victim requests that the defendant's/juvenile's HIV test results be forwarded to the Victim Advocate's Office.

After completing Part A, mail this form to the counseling and testing agency or physician who will be conducting the defendant's/juvenile's test.

Part B:

This section of the form is completed by the counseling and testing agency or physician who administered the defendant's/juvenile's test. Test results must be forwarded as indicted in the court order and Part A of this form.

After receiving the defendant's/juvenile's test results, indicate whether:

1. the test results were provided to the victim or his/her representative; or
2. the test results were provided to the victim advocate's office. (*attach a copy of the results to the victim advocate's copy of this form.*)

Transmitting Results for the Court

Attach a copy of the defendant's/juvenile's test results to form DCH 1253, and in a confidential manner, forward to the court designee at the address provided in Part A.