

<p style="text-align: center;">KY Division of Laboratory Services 100 Sower Blvd., North Loading Dock, P.O. Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/564-4446 Fax: 502/564-7019 Jeremy Hart, MD, FCAP, Director</p> <p style="text-align: center; font-size: small;"><i>Please complete a separate form for each specimen.</i></p>	 <b>Kentucky Public Health</b> <small>Prevent. Promote. Protect.</small> <h2 style="margin: 0;">Human Immunodeficiency Virus Serology</h2>		
Assigned Code No.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">K</td> <td style="width: 20px;">Y</td> </tr> </table>	K	Y
K	Y		

**PATIENT INFORMATION:**

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Name (Last, First, MI) \_\_\_\_\_

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Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

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Home Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Send Report To:**

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Submitter \_\_\_\_\_

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Street Address (PO BOX) \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Specimen Information:**

Specimen type:  Serum  Whole Blood  Other \_\_\_\_\_

Date of Collection \_\_\_\_\_

**Program:** Has patient been previously tested:  Yes  No

If yes, when (date) \_\_\_\_\_ :previous results:  Negative  Positive  Indeterminate

**Reason For Testing: (Mark One)**

<input type="checkbox"/> Counseling-Testing Site Volunteer <input type="checkbox"/> Confidential <input type="checkbox"/> Anonymous <input type="checkbox"/> Adult & Child Health Clinic Patient <input type="checkbox"/> Symptoms suggest HIV Infection <input type="checkbox"/> Risk factors for HIV Infection	<input type="checkbox"/> TB Patient <input type="checkbox"/> STD Clinic <input type="checkbox"/> Person in Custody of Social Services <input type="checkbox"/> Needlestick Injury <input type="checkbox"/> Other (prior approval required) _____
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**Laboratory Findings:**

**Specimen Unsatisfactory:**

<input type="checkbox"/> Broken in transit	<input type="checkbox"/> Chylous	<input type="checkbox"/> Hemolyzed
<input type="checkbox"/> Insufficient quantity	<input type="checkbox"/> Laboratory Accident	<input type="checkbox"/> Other _____

**ELISA- Enzyme-Linked Immunosorbent Assay Test:**

Non-reactive: No p24 antigen or antibodies to HIV-1/HIV-2 detected

Repeatedly reactive: Supplemental testing required

**Confirmatory Test Performed: Multispot**

Non-reactive: HIV (1 or 2) antibodies are not detected

Reactive: Antibody to HIV-1 detected

Reactive: Antibody to HIV-2 detected

Indeterminate: Testing inconclusive- Please submit an additional specimen as clinically indicated or in six weeks per CDC guidelines

<b>Date Received:</b>	<b>Laboratory Number:</b>	<b>Date Reported:</b>	<b>Technologist:</b>
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