

PART 1

EPID-396

KENTUCKY HIV TEST FORM

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|-------------------|--|
| KY Sticker Number | |
| Session Date | |
| Agency Name | |
| Agency ID Number | |

| | |
|---|--|
| Client Birth Year (enter 1800 if unknown) | |
| Client State | |
| Client County | |
| Client Zip Code | |

| | |
|---|-------------------------------------|
| Client Ethnicity | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Declined |
| | <input type="checkbox"/> Not Asked |

| | |
|--|-------------------------------------|
| Client Race (check all that apply) | |
| <input type="checkbox"/> American IN/AK Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Native HI/Pac. Islander | <input type="checkbox"/> Not Asked |

| | |
|---------------------------------|------------------------------------|
| Client Assigned Sex at Birth | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Female | <input type="checkbox"/> Not Asked |

| | |
|--|--|
| Client Current Gender Identity | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender MTF |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender FTM |
| <input type="checkbox"/> Declined | <input type="checkbox"/> Transgender Unspecified |
| <input type="checkbox"/> Not Asked | |
| <input type="checkbox"/> Additional (specify): _____ | |

| | |
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| Previous HIV Test? | |
| <input type="checkbox"/> No | If Yes, what is the client's self-reported result? <input type="checkbox"/> Positive <input type="checkbox"/> Don't Know <input type="checkbox"/> Negative <input type="checkbox"/> Declined <input type="checkbox"/> Prelim. Positive <input type="checkbox"/> Not Asked <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not Asked |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> Don't Know | |
| <input type="checkbox"/> Declined | |
| <input type="checkbox"/> Not Asked | |
| Date of Last Test: _____ (MM/YYYY) | |

| | |
|-------------------|---|
| Local Use Fields: | |
| L1 (Testing) | <input type="checkbox"/> 01 General <input type="checkbox"/> 02 Targeted (A) <input type="checkbox"/> 03 Targeted (B) <input type="checkbox"/> 04 Targeted DIS <input type="checkbox"/> 05 CHTC |
| L2 (Exposures) | <input type="checkbox"/> 01 Occupational <input type="checkbox"/> 02 Sexual Assault (Clearview) |
| L3 (Rapid Tests) | <input type="checkbox"/> 01 OraQuick <input type="checkbox"/> 02 SURE CHECK <input type="checkbox"/> 03 INSTI |
| L4 (Site Types) | Use codes from p.2 of form instructions |

| | | | | | | | |
|-------------------------------|---|--|---|--|---|--|--|
| Sample Date | | | | | | | |
| | HIV Test 1 | | HIV Test 2 | | HIV Test 3 | | |
| Worker Name | | | | | | | |
| Test Election | <input type="checkbox"/> Anonymous <input type="checkbox"/> Confidential | | <input type="checkbox"/> Anonymous <input type="checkbox"/> Confidential | | <input type="checkbox"/> Anonymous <input type="checkbox"/> Confidential | | |
| Test Technology | <input type="checkbox"/> Venipuncture <input type="checkbox"/> Rapid (Use L3 Below) | | <input type="checkbox"/> Venipuncture <input type="checkbox"/> Orasure (sent to lab) <input type="checkbox"/> SURE CHECK (rapid) <input type="checkbox"/> OraQuick (rapid) | | <input type="checkbox"/> Venipuncture <input type="checkbox"/> Orasure (sent to lab) <input type="checkbox"/> SURE CHECK (rapid) <input type="checkbox"/> OraQuick (rapid) | | |
| Test Result | <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result | | <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> No Result | | <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> No Result | | |
| Result Provided | <input type="checkbox"/> No (Answer next question) <input type="checkbox"/> Yes <input type="checkbox"/> Yes - from another agency | | <input type="checkbox"/> No (Answer next question) <input type="checkbox"/> Yes <input type="checkbox"/> Yes - from another agency | | <input type="checkbox"/> No (Answer next question) <input type="checkbox"/> Yes <input type="checkbox"/> Yes - from another agency | | |
| If Results NOT provided, why? | <input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return / Could Not Locate <input type="checkbox"/> Other | | <input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return / Could Not Locate <input type="checkbox"/> Other | | <input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return / Could Not Locate <input type="checkbox"/> Other | | |

| | |
|---|---|
| Choose status of collection of behavioral risk profile: | |
| <input type="checkbox"/> Client completed behavioral risk profile | <input type="checkbox"/> Client was asked but no risks identified |
| <input type="checkbox"/> Client was not asked behavioral risk factors | <input type="checkbox"/> Client declined to discuss risk factors |

For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)

| | No | Yes | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| Vaginal or anal sex with a MALE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a male without using a condom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a male who is IDU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a male who is HIV+ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaginal or anal sex with a FEMALE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a female without using a condom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a female who is IDU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a female who is HIV+ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaginal or anal sex with a TRANSGENDER person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a transgender without using a condom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a transgender who is IDU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with a transgender who is HIV+ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Injection drug use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| shared drug injection equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaginal or anal sex with MSM (female only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|--|
| Additional Risk Factors: | |
| <input type="checkbox"/> Exchange sex for drugs/money/something they need <input type="checkbox"/> While intoxicated and/or high on drugs <input type="checkbox"/> With person of unknown HIV status <input type="checkbox"/> With person who exchanges sex for drugs/money <input type="checkbox"/> With anonymous partner <input type="checkbox"/> Diagnosed with a sexually transmitted disease (STD) <input type="checkbox"/> Sex with multiple partners <input type="checkbox"/> Oral sex <input type="checkbox"/> Unprotected vaginal/anal sex with a person who is an IDU <input type="checkbox"/> Unprotected vaginal/anal sex with a person who is HIV+ <input type="checkbox"/> Unprotected vaginal/anal sex in exchange for drugs/money/or something they need <input type="checkbox"/> Unprotected vaginal/anal sex with person who exchanges sex for drugs/money <input type="checkbox"/> Unprotected sex with multiple partners | |

| | |
|-------------------|--|
| KY Sticker Number | |
|-------------------|--|

Was the client referred to HIV medical care?

☐ No —————> Reason the client was not referred to HIV medical care?
☐ Client Already in Care ☐ Client Declined Care

☐ Yes —————> Did the client attend the first appointment?
☐ Pending ☐ Confirmed: Accessed Service ☐ First medical appointment within 90 days of the HIV test?
☐ Lost to Follow-Up ☐ Confirmed: Did Not Access Service ☐ Yes
☐ No Follow-Up ☐ Don't Know ☐ No
☐ Don't Know ☐ Don't Know

Was the client referred to/contacted by Partner Services?

☐ No
☐ Yes —————> Was the client interviewed for Partner Services?
☐ Don't Know ☐ No
☐ Yes, within 30 days of receiving their result
☐ Yes, but not within 30 days of receiving their result
☐ Yes, but I don't know within how many days of receiving their result
☐ Don't Know

Was the client referred to HIV Prevention Services?

☐ No
☐ Yes —————> Did the client receive HIV Prevention Services?
☐ Don't Know ☐ No
☐ Yes
☐ Don't Know

What was the client's housing status in the past 12 months? (check all that apply)

☐ Literally Homeless ☐ Unstably Housed and at Risk of Losing Housing ☐ Not Asked
☐ Imminently Losing Housing ☐ Stably Housed ☐ Declined to Answer
☐ Don't Know

If female, is the client pregnant?

☐ No
☐ Yes —————> Is the client in prenatal care?
☐ Don't Know ☐ No ☐ Declined
☐ Declined ☐ Yes ☐ Not Asked
☐ Not Asked ☐ Don't Know

Prior to the client testing positive during this test event, was she/he previously reported to the state's surveillance department as being HIV-positive?

☐ No ☐ Yes ☐ Don't Know ☐ Not Checked

Date the client reported information

_____ (MM/DD/YYYY)

Has the client ever had a previous positive HIV test?

☐ No
☐ Yes —————> Date of first positive HIV test: _____ (MM/DD/YYYY)
☐ Don't Know
☐ Declined

Has the client ever had a negative HIV test?

☐ No
☐ Yes —————> Date of first negative HIV test: _____ (MM/DD/YYYY)
☐ Don't Know
☐ Declined

Number of negative HIV tests within 24 months before the current (or first positive) HIV test

_____ (## #) ☐ Don't Know
☐ Declined

Has the client used or is the client currently using antiretroviral medication (ARV)?

☐ No
☐ Yes —————> Specify ARV medications: _____ (## #) _____ (## #) _____ (## #) _____ (## #)
☐ Don't Know (use codes on the right)
☐ Declined

—————> Date ARV began: _____ (MM/DD/YYYY) Date of last ARV use: _____ (MM/DD/YYYY)

| ARV Medications | |
|-----------------|-------------|
| 22 | Agenerase |
| 30 | Aptivus |
| 32 | Atripla |
| 24 | Combivir |
| 38 | Complera |
| 06 | Crixivan |
| 37 | Edurant |
| 11 | Emtriva |
| 03 | Epivir |
| 28 | Epzicom |
| 25 | Fortovase |
| 10 | Fuzeon |
| 19 | Hepsera |
| 02 | Hivid |
| 23 | Hydroxyurea |
| 18 | Invirase |
| 34 | Intelence |
| 36 | Isentress |
| 16 | Kaletra |
| 31 | Lexiva |
| 07 | Norvir |
| 33 | Prezista |
| 09 | Rescriptor |
| 26 | Retrovir |
| 15 | Reyataz |
| 08 | Saquinavir |
| 35 | Selzentry |
| 39 | Stribild |
| 21 | Sustiva |
| 13 | Trizivir |
| 27 | Truvada |
| 01 | Videx |
| 14 | Videx EC |
| 17 | Viracept |
| 05 | Viramune |
| 12 | Viread |
| 04 | Zerit |
| 20 | Ziagen |
| 88 | Other |
| 99 | Unspecified |

General Instructions

1. Use a blue or black ink pen to complete this form.
2. Please print your responses legibly. Unclear and incomplete forms will be sent back to your agency to be fixed.
3. Multiple choice boxes (□) should be clearly marked with a "X" only.
4. Part one of the HIV test form should be completed for everyone who receives a HIV test. Part two of the HIV test form should be completed for everyone confirmed HIV-positive (by Kentucky Division of Laboratory Services, Western Blot, IFA or "Rapid-Rapid" protocol).
5. There are no preprinted Form ID or Client ID numbers. You must adhere or write in the form identification (KY Sticker) number on Part one and, when applicable, Part two of the HIV test form. Do not create your own sticker numbers—these must be obtained from the state HIV/AIDS Branch.
6. To order more KY numbered stickers, call or e-mail Kay.Loftus@ky.gov
7. Mail* completed forms for the current month by the 15th of the following month** to:
CHFS - HIV/AIDS Branch
Attn: Kay Loftus
275 E. Main St., HS2E-C
Frankfort, KY 40621-0001
8. Newly infected HIV cases, confirmed by Kentucky Division of Laboratory Services, Western Blot, IFA or "Rapid-Rapid" protocol, are to be reported to HIV Surveillance within 5 business days. Reactive results on a Rapid Test are not reportable until they have been confirmed. (see p.3 for more info)
9. Blank HIV test forms and HIV reportable disease forms can be obtained at <http://chfs.ky.gov/forms>
10. If you have questions or general concerns, please contact us at 800-420-7431

*Agencies completing direct data entry (DDE) into the EvaluationWeb online system should enter data into the system by the 15th of the following month. Forms entered in this fashion should not be mailed to the HIV/AIDS Branch. Instead, keep your entered test forms for one year from the date of the test or in accordance to your agency's record retention policies, whichever time frame is longer. Records ready for expunging should follow HIPAA guidelines for disposal.

**The exception to this rule is if you have a confirmed HIV-positive client, it may take up to 90 days to complete part two of the HIV test form. Part one and part two must be completed and sent in together.

HIV Test Form – Part One**Left-side column:**

1. KY Sticker Number
Use KY Sticker as the Form ID
2. Session Date
Date of the HIV test
3. Agency Name
Write out your agency name
4. Agency ID Number
Use your assigned agency number
5. Client's Birth Year
Four digit number. If unknown, enter 1800.
6. Client's State
The state in which the client resides (see p.3)
7. Client's County
The county in which the client resides
8. Client's Zip Code
The zip code in which the client resides
9. Client Ethnicity
Choose one
10. Client Race
Choose all that apply
11. Client Assigned Sex at Birth
Choose one
12. Client Current Gender Identity
Choose one or enter additional identity
13. Previous HIV Test
Choose one; if "yes," indicate previous result and date of last test (if known)
14. Local Use Fields
For fields L1 – L3, choose one
For field L4, use codes from p.2

Right-side column:

1. Sample Date
Date of the HIV test
2. Worker Name
Enter first name and last initial of the tester
3. Test Election
Choose one
4. Test Technology
Choose one
5. Test Result
Choose one
6. Result Provided
Choose one
7. If result not provided, why?
If applicable, choose one
8. Choose One [Risk Profile]
Choose one
9. Table [Client Identified Risks]
Choose all that apply
10. Additional Risk Factors
Choose all that apply
11. Name of HIV Testing Site
Optional, enter where test took place

Two "Rapid-Rapid" Protocols are Available:

1. Begin with INSTI, follow up positives with SURE CHECK or OraQuick
2. Begin with SURE CHECK, follow up positives with OraQuick

HIV Test Form – Part Two

1. KY Sticker Number
Use a second KY Sticker (duplicate) that corresponds to HIV Test Form Part One to link these two pages
2. Was the client referred to HIV medical care?
Choose one
If "no," why was the client not referred into care?
Choose one; move on to the next question
If "yes," did the client attend the first appointment?
Choose one; move on to the next question if "confirmed – accessed service" was not chosen
If "confirmed – accessed service," did the client attend the appointment within 90 days?
Choose one; move on to the next question
3. Was the client referred to Partner Services?
Choose one
If "yes," was the client interviewed for partner services?
Choose one; move on to the next question
4. Was the client referred to HIV Prevention Services?
Choose one
If "yes," did the client receive HIV Prevention Services?
Choose one; move on to the next question
5. What was the client's housing status in the past 12 months?
Check all that apply
6. If female, is the client pregnant?
Choose one
If "yes," is the client in prenatal care?
Choose one; move on to the next question
7. Prior to the client testing positive during this testing event, was he/she previously reported to the jurisdiction's HIV Surveillance Department as being HIV-positive?
Choose one; move on to the next question
8. Date client reported information for Part Two of HIV Test Form
Enter the date you asked the client the questions on Part Two of the HIV Test Form
9. Has the client ever had a previous positive HIV test?
Choose one
If "yes," enter a date.
Enter the date of the client's last previously positive HIV test
10. Has the client ever had a previous negative HIV test?
Choose one
If "yes," enter a date.
Enter the date of the client's last previously negative HIV test
11. How many negative HIV tests did the client have within 24 months before current (or first positive) HIV test?
Enter number of tests, if known, or choose "Don't Know" or "Declined"
12. Has client used or is client currently using antiretroviral medication (ARV)?
Choose one
If "yes," list current medications.
Choose medication codes from the right side of the page
If "yes," enter a date when ARV began and date of last ARV use.
Enter the dates according to what the client reports
This form is now complete

Additional Risk Factor Codes

- | | |
|----|---|
| 01 | Exchange sex for drugs/money/or something they needed |
| 02 | While intoxicated and/or high on drugs |
| 05 | With person of unknown HIV status |
| 06 | With person who exchanges sex for drugs/money |
| 08 | With anonymous partner |
| 12 | Diagnosed with a sexually transmitted disease (STD) |
| 13 | Sex with multiple partners |
| 14 | Oral sex |

Local Use Field L4 (Testing Site Types)

- | | | | |
|-----------------------------|---------------------------|------------------------------|-------------------------|
| 01 Inpatient Hospital | 07 Pharmacy/Retail Clinic | 12 HIV Testing Site | 18 Public Area |
| 02 TB Clinic | 08 STD Clinic | 13 School/Education Facility | 19 Individual Residence |
| 03 Substance Abuse Facility | 09 Dental Clinic | 14 Church/Religious Facility | 20 Other Non-Clinical |
| 04 Community Health Center | 10 Correctional Facility | 15 Shelter Facility | 21 HD – Field Visit |
| 05 Emergency Department | 11 Other Clinic | 16 Commercial Facility | |
| 06 Primary Care Clinic | | 17 Bar/Club/Adult Entertain. | |

State and U.S. Territory Abbreviations

| | | | | | |
|----|---------------|----|----------------|----|--------------------------------|
| AL | Alabama | MI | Michigan | TX | Texas |
| AK | Alaska | MN | Minnesota | UT | Utah |
| AZ | Arizona | MS | Mississippi | VT | Vermont |
| AR | Arkansas | MO | Missouri | VA | Virginia |
| CA | California | MT | Montana | WA | Washington |
| CO | Colorado | NE | Nebraska | WV | West Virginia |
| CT | Connecticut | NV | Nevada | WI | Wisconsin |
| DE | Delaware | NH | New Hampshire | WY | Wyoming |
| FL | Florida | NJ | New Jersey | | |
| GA | Georgia | NM | New Mexico | | |
| HI | Hawaii | NY | New York | | |
| ID | Idaho | NC | North Carolina | | |
| IL | Illinois | ND | North Dakota | AS | American Samoa |
| IN | Indiana | OH | Ohio | DC | District of Columbia |
| IA | Iowa | OK | Oklahoma | FM | Federated States of Micronesia |
| KS | Kansas | OR | Oregon | GU | Guam |
| KY | Kentucky | PA | Pennsylvania | MH | Marshall Islands |
| LA | Louisiana | RI | Rhode Island | MP | Northern Mariana Islands |
| ME | Maine | SC | South Carolina | PW | Palau |
| MD | Maryland | SD | South Dakota | PR | Puerto Rico |
| MA | Massachusetts | TN | Tennessee | VI | Virgin Islands |

Site IDs and Names

If you need to know your Site ID number, you may contact the HIV/AIDS Branch at 800-420-7431.

Disease Reporting to HIV/AIDS Surveillance Branch

1. Report either by phone or mail; do not fax any confidential information
2. When mailing, please place case forms inside of two (2) sealed envelopes, both marked "CONFIDENTIAL"
3. Adult and Adolescents Reporting Form is for ages ≥ 13 , the Pediatrics Reporting Form is for ages < 13
4. Blank forms can be obtained by visiting <http://chfs.ky.gov/forms>

Reports from Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble Counties:

- Phone: Nichelle Anderson at 502-574-6574
- Mail: Louisville Metro Health Department
Attn: Nichelle Anderson
400 East Gray St., Rm 317
Louisville, KY 40202

Reports from all other 113 Kentucky Counties:

- Phone: Julie Nakayima or Julie Kauzlarich at 866-510-0008 or 502-564-0536
- Mail: Kentucky Department for Public Health
Attn: Julie Nakayima
275 E. Main Street, HS2E-C
Frankfort, KY 40621

Additional information on the state regulation regarding reporting is available at <http://chfs.ky.gov/dph/epi/hiv/aids.htm>