Agency Name: _____ Site: _____ CLIA # _____

Rapid HIV Test Result Log

Client Identification	Room Temp	Date Specimen Collected	Time Specimen Collected	Pouch Lot#	Pouch Expiration Date	Test Wait Time*	Test Result N = Non-reactive R = Reactive** I = Invalid	Initials of Person who Performed Test	Report Time***	Initials of Person who Reviewed Test and date

* Test Wait Time = Time from starting test to reading test results (in minutes)

** Reactive or **Preliminary Positive**. Although it is *very* unlikely that the test is wrong, all reactive results must be confirmed.

*** Report Time =Time that the test result is reported to the client