

HIV TEST FORM TIP SHEET

By Judi Duffy, HIV CTS/PCRS Program Manager

404-657-3128

Revised 7/22/2008

Please refer to the *CDC HIV Testing Form and Variables Manual* for detailed instructions. This tip sheet highlights local requirements and provides supplemental explanations re: certain fields.

HIV TEST FORM PART 1

SESSION DATE

The date HIV specimen is collected.

UNIQUE AGENCY ID NUMBER

This number is '11' for the majority of testing programs in Georgia.

(Note: For the very few DHR and CDC directly funded CBOs and hospitals ED programs, Agency, Site and Intervention IDs are to be generated through those agencies' local PEMS systems.)

INTERVENTION ID

This number is '74310', which represents "counseling and testing". Use it on every test form.

SITE ID

The new PEMS ID goes at the top under Site ID. Put your old "bubble sheet" site number in L1 of the Local Use Field. This is so we all can cross reference data from 2007 and prior to the data we are collecting now under the new PEMS numbers.

SITE TYPE

Please enter the site type that you feel best describes your facility, using the codes on the back of Part 1. (Note: The first CDC printing of Part 1 has errors in the Site Type codes on the back of Part 1. Refer to the corrected numbers that were sent out to all district health offices, or refer to pages 13 through 15 in the HIV Test Form Manual. The CDC will notify us when they have started shipping correctly printed forms). Once you determine a 'Site Type' for your facility or testing site, please continue to use this number on all test reports at this location.

The primary site type for most of our county health department programs suggested would be:

F02.60 Outpatient - Health Department – Public Health Clinic

Ryan White and other HIV Care programs would use

F02.61 Outpatient – Health Department/Public Health Clinic – HIV

Programs that provide HIV counseling and testing through direct funding or whose primary activity is counseling and testing would be

F04.05 HIV Counseling and Testing Site

There are a number of other appropriate options, including those codes that identify family planning, TB, and STD programs. If you need assistance in making a determination, please contact Judi Duffy at the state office.

CLIENT ID

Not required. If you do not wish to enter a locally assigned patient ID in this field, you can leave it blank.

STATE AND COUNTY

This indicates the client's state and county of residence, not location of your program. For state, enter 'GA'. County codes are the FIPS codes we have already been using on the legacy (bubble sheet) form. A copy of these Georgia county codes is at the end of this tip sheet. For the few cases where the patient is out of state, use the standard state abbreviation (i.e. Florida is FL) and call the state office for the county code.

COMPLETE ALL PATIENT AND DEMOGRAPHIC FIELDS AS INDICATED ON FORM AND IN THE FORM MANUAL

WORKER ID (in each HIV Test column)

Locally assigned. You may continue to use the counselor ID numbers you have been using on the legacy report forms.

HIV TEST 1

Complete this entire column for every test provided. If you submitted a specimen to a laboratory, you do not need to continue on to another column, even if your result received from the lab was an "indeterminate" or "no result". If you initiated the testing episode with a rapid test and the result was "negative", do not proceed to another column.

HIV TEST 2

Use this column if you initiated the testing episode with a rapid test and the result was 'preliminary positive' or 'invalid'. If the initiating rapid test result was invalid, use second column for a repeat rapid test. If the second rapid test in this series is also invalid, follow protocols and end the rapid testing session. Do not use HIV Test 3 for a new specimen collection; start a new form. However, If HIV Test 2 (rapid test after an initial invalid) is a preliminary positive, proceed to HIV Test 3 column to document confirmation specimen test information.

If the initiating rapid test is "preliminary positive" in the HIV Test 1 column, proceed to the HIV Test 2 column to record information for the confirmation test. Remember, all "preliminary positive" rapid tests require a confirmation specimen to be collected (OraSure or blood draw) and submitted to a laboratory for Western Blot confirmation. Any of the above directions may change as we begin to access output data capacities or receive additional guidelines, but remember that the most important field is HIV TEST 1, which must be completed for every test.

COMPLETE ALL RISK INFORMATION AS INDICATED ON FORM AND IN FORM MANUAL

OTHER SESSION ACTIVITIES

This field is voluntary at this time. If you choose to complete it, use the codes on the back of Part 1 form.

OTHER RISK FACTORS

This field is also voluntary at this time. If you choose to complete this field, use the codes on the back of Part 1 form.

LOCAL USE FIELDS

L1 Enter your site type/site number combination that you have been using on the legacy HIV test report form (purple bubble sheet). Combine the site type and site number into a single five digit number. Do not use spaces or hyphens. For example, if the site type you used on your legacy forms was '02' and the site number was "227", enter '02227' in this field. This is a very

important field! Please make sure you complete it accurately on every form as this is the only way we now have to link your 2008 program activities to data submitted prior to 1/1/08.

- L2 Enter your public health district code. Do not use hyphens. For example, the NW Georgia Health District (Rome) is 1-1 so enter '11' in this field. CBOs, Substance Abuse Centers, private provider and other programs that do not know what district code to use should contact their local health department or the state office. All programs, whether public health or other, need to enter a district code.

CDC USE FIELDS

- C1 This field was a last minute request by the CDC. They would like every testing program to identify their testing activities as either "Screening" or "Targeted". Discussions at the state office are ongoing as to how to determine how programs should be identified in this field. For now, here are some recommendations:

All health department programs, including adolescent health, family planning, STD and TB would be "screening" programs. Student health centers, hospital emergency departments, outreach programs that do not target specific high risk populations are also "screening".

Targeted testing would include an agency or program that is under contract to provide HIV testing to a specific high risk population. Jail programs, substance abuse programs and most Community Based Organizations could be considered 'targeted'. Partner and contact testing of known HIV positive clients would be targeted. Targeted testing also includes specific geographical areas (according to the CDC) so mobile van testing would be considered targeted, even if all persons coming to a van are offered testing. Targeted testing could also include testing in migrant camps and outreach programs housed in or working in specific areas known to be frequented by high risk individuals.

This is a very subjective variable and the above suggestions serve as guidelines and may change as we gather more information. If you have questions about this field and how to define your testing activities, please call me.

The entry codes for this field are:

'01' Screening
'02' Targeted testing
'99' Don't know

Please send all HIV Test Report forms to:

Judi Duffy, HIV CTS/PCRS Program Manager
DHR/Public Health
HIV Section, Prevention Services Branch
2 Peachtree Street, NW
Suite 12-224
Atlanta, Georgia 30303

HIV TEST FORM PART 2
(For HIV Positive Tests Only)

COMPLETE FIRST FOUR REFERRAL QUESTIONS
AS INDICATED ON FORM AND IN FORM MANUAL.

Be sure to include a Barcode Sticker from Part 1 on this Part 2 form.

No Local Use or CDC Use Fields on Part 2 are required at this time.

If you need assistance, please contact:
Judi Duffy, HIV CTS/PCRS Program Manager
404-657-3128.

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COUNTY FIPS* CODES

(* Federal Information Processing Standards)

GEORGIA STATE CODE - GA

001	APPLING	109	EVANS	217	NEWTON
003	ATKINSON	111	FANNIN	219	OCONEE
005	BACON	113	FAYETTE	221	OGLETHORPE
007	BAKER	115	FLOYD	223	PAULDING
009	BALDWIN	117	FORSYTH	225	PEACH
011	BANKS	119	FRANKLIN	227	PICKENS
013	BARROW	121	FULTON	229	PIERCE
015	BARTOW	123	GILMER	231	PIKE
017	BEN HILL	125	GLASCOCK	233	POLK
019	BERRIEN	127	GLYNN	235	PULASKI
021	BIBB	129	GORDON	237	PUTNAM
023	BLECKLEY	131	GRADY	239	QUITMAN
025	BRANTLEY	133	GREENE	241	RABUN
027	BROOKS	135	GWINNETT	243	RANDOLPH
029	BRYAN	137	HABERSHAM	245	RICHMOND
031	BULLOCH	139	HALL	247	ROCKDALE
033	BURKE	141	HANCOCK	249	SCHLEY
035	BUTTS	143	HARELSON	251	SCREVEN
037	CALHOUN	145	HARRIS	253	SEMINOLE
039	CAMDEN	147	HART	255	SPALDING
043	CANDLER	149	HEARD	257	STEPHENS
045	CARROLL	151	HENRY	259	STEWART
047	CATOOSA	153	HOUSTON	261	SUMTER
049	CHARLTON	155	IRWIN	263	TALBOT
051	CHATHAM	157	JACKSON	265	TALIAFERRO
053	CHATTAHOOCHE	159	JASPER	267	TATNALL
055	CHATTOOGA	161	JEFF DAVIS	269	TAYLOR
057	CHEROKEE	163	JEFFERSON	271	TELFAIR
059	CLARKE	165	JENKINS	273	TERRELL
061	CLAY	167	JOHNSON	275	THOMAS
063	CLAYTON	169	JONES	277	TIFT
065	CLINCH	171	LAMAR	279	TOOMBS
067	COBB	173	LANIER	281	TOWNS
069	COFFEE	175	LAURENS	283	TREUTLEN
071	COLQUITT	177	LEE	285	TROUP
073	COLUMBIA	179	LIBERTY	287	TURNER
075	COOK	181	LINCOLN	289	TWIGGS
077	COWETA	183	LONG	291	UNION
079	CRAWFORD	185	LOWNDES	293	UPSON
081	CRISP	187	LUMPKIN	295	WALKER
083	DADE	189	MCDUFFIE	297	WALTON
085	DAWSON	191	MCINTOSH	299	WARE
087	DECATUR	193	MACON	301	WARREN
089	DEKALB	195	MADISON	303	WASHINGTON
091	DODGE	197	MARION	305	WAYNE
093	DOOLY	199	MERIWETHER	307	WEBSTER
095	DOUGHERTY	201	MILLER	309	WHEELER
097	DOUGLAS	205	MITCHELL	311	WHITE
099	EARLY	207	MONROE	313	WHITFIELD
101	ECHOLS	209	MONTGOMERY	315	WILCOX
103	EFFINGHAM	211	MORGAN	317	WILKES
105	ELBERT	213	MURRAY	319	WILKINSON
107	EMANUEL	215	MUSCOGEE	321	WORTH