After 1977 and before the earliest known diagnosis of HIV infection, this patient had:

- Sex with male
  - □ Yes
  - □ No
  - □ Unknown
- Sex with female
  - □ Yes
  - □ No
  - □ Unknown
- Injected non-prescription drugs
  - □ Yes
  - □ No
  - □ Unknown
- Received clotting factor for hemophilia/coagulation disorder
  - □ Yes
  - □ No
  - □ Unknown
  - Specify clotting factor:
    - □ CTS
    - □ STD Clinic
    - □ Other, specify
    - Date received (mm/dd/yyyy): __ __ / __ __ / __ __ __ __

HETEROSEXUAL relations with any of the following:

- HETEROSEXUAL contact with intravenous/injection drug user
  - □ Yes
  - □ No
  - □ Unknown
- HETEROSEXUAL contact with bisexual male
  - □ Yes
  - □ No
  - □ Unknown
- HETEROSEXUAL contact with person with hemophilia/coagulation disorder with documented HIV infection
  - □ Yes
  - □ No
  - □ Unknown
- HETEROSEXUAL contact with transfusion recipient with documented HIV infection
  - □ Yes
  - □ No
  - □ Unknown
- HETEROSEXUAL contact with transplant recipient with documented HIV infection
  - □ Yes
  - □ No
  - □ Unknown
- HETEROSEXUAL contact with person with documented HIV infection, risk not specified
  - □ Yes
  - □ No
  - □ Unknown
- Received transfusion of blood/blood components (other than clotting factor) (document reason in Comments section)
  - □ Yes
  - □ No
  - □ Unknown
  - First date received __ __ / __ __ / __ __ __ __
  - Last date received __ __ / __ __ / __ __ __ __
- Received transplant of tissue/organs or artificial insemination
  - □ Yes
  - □ No
  - □ Unknown
- Worked in a healthcare or clinical laboratory setting
  - □ Yes
  - □ No
  - □ Unknown
- If occupational exposure is being investigated or considered as primary mode of exposure, specify occupation and setting:
  - 
- Other documented risk (please include detail in Comments section)
  - □ Yes
  - □ No
  - □ Unknown

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV. Information in CDC's National HIV Surveillance System, that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).
### Laboratory Data

**HIV Antibody Tests (Non-type-differentiating) [HIV-1 vs. HIV-2]**

**TEST 1:**
- HIV-1 Ag/Ab
- HIV-1 IFN
- Positive/Reactive
- Negative/Nonreactive
- Indeterminate
- RAPID TEST (check if rapid)
- Collection Date: __ __ / __ / __ __ __
- Manufacturer: ____________________________

**RESULT:**
- Positive/Reactive
- Negative/Nonreactive
- Indeterminate
- RAPID TEST (check if rapid)
- Collection Date: __ __ / __ / __ __ __
- Manufacturer: ____________________________

**TEST 2:**
- HIV-1 Ag/Ab
- HIV-1 IFN
- Positive/Reactive
- Negative/Nonreactive
- Indeterminate
- RAPID TEST (check if rapid)
- Collection Date: __ __ / __ / __ __ __
- Manufacturer: ____________________________

**RESULT:**
- Positive/Reactive
- Negative/Nonreactive
- Indeterminate
- RAPID TEST (check if rapid)
- Collection Date: __ __ / __ / __ __ __
- Manufacturer: ____________________________

**HIV Antibody Tests (Type-differentiating) [HIV-1 vs. HIV-2]**

**TEST:**
- HIV-1/2 Differentiating (e.g., Multispot)

**RESULT:**
- HIV-1
- HIV-2
- Both (undifferentiated)
- Neither (negative)
- Indeterminate
- Collection Date: __ __ / __ / __ __ __

**HIV Detection Tests (Qualitative)**

**TEST 1:**
- HIV-1 RNA/DNA NAAT (Qual)
- HIV-1 P24 Antigen
- HIV-1 Culture
- HIV-2 RNA/DNA NAAT (Qual)
- HIV-2 Culture

**RESULT:**
- Positive/Reactive
- Negative/Nonreactive
- Indeterminate
- Collection Date: __ __ / __ / __ __ __

**TEST 2:**
- HIV-1 RNA/DNA NAAT (Qual)
- HIV-1 P24 Antigen
- HIV-1 Culture
- HIV-2 RNA/DNA NAAT (Qual)
- HIV-2 Culture

**RESULT:**
- Positive/Reactive
- Negative/Nonreactive
- Indeterminate
- Collection Date: __ __ / __ / __ __ __

**HIV Detection Tests (Quantitative viral load) Note: Include earliest test at or after diagnosis**

**TEST 1:**
- HIV-1 RNA/DNA NAAT (Quantitative viral load)

**RESULT:**
- Detectable
- Undetectable
- Copies/mL: __ __ / __ / __ __ __
- Log: __ __ / __ / __ __ __
- Collection Date: __ __ / __ / __ __ __

**TEST 2:**
- HIV-1 RNA/DNA NAAT (Quantitative viral load)

**RESULT:**
- Detectable
- Undetectable
- Copies/mL: __ __ / __ / __ __ __
- Log: __ __ / __ / __ __ __
- Collection Date: __ __ / __ / __ __ __

**Immunologic Tests (CD4 count and percentage)**

**CD4 count at or closest to current diagnostic status:**
- CD4 count: __ __ / __ __ __
- CD4 percentage: __ __ / __ __ __
- Collection Date: __ __ / __ / __ __ __

**First CD4 result <200 cells/µL or <14%:**
- CD4 count: __ __ / __ __ __
- CD4 percentage: __ __ / __ __ __
- Collection Date: __ __ / __ / __ __ __

**Other CD4 result:**
- CD4 count: __ __ / __ __ __
- CD4 percentage: __ __ / __ __ __
- Collection Date: __ __ / __ / __ __ __

**Documentation of Tests**

Did documented laboratory test results meet approved HIV diagnostic algorithm criteria?  □ Yes  □ No  □ Unknown

If YES, provide date (specimen collection date if known) of earliest positive test for this algorithm: __ __ / __ / __ __ __

Complete the above only if none of the following was positive: HIV-1 Western blot, IFA, culture, p24 Ag test, viral load, or qualitative NAAT [RNA or DNA]:

If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?  □ Yes  □ No  □ Unknown

If YES, provide date of diagnosis: __ __ / __ / __ __ __

Date of last documented negative HIV test (before HIV diagnosis date): __ __ / __ / __ __ __ Specify type of test: __________________

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### Clinical (record all dates as mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Ols</th>
<th>Date</th>
<th>Diagnosis</th>
<th>Ols</th>
<th>Date</th>
<th>Diagnosis</th>
<th>Ols</th>
<th>Date</th>
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<tbody>
<tr>
<td>Candidiasis, bronchi, trachea, or lungs</td>
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<td>Candidiasis, esophageal</td>
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<td>Carcinoma, invasive cervical</td>
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<td>Coccosidiochromyosoma, disseminated or extrapulmonary</td>
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<td>Cryptococcosis, extrapulmonary</td>
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<td>Cryptosporidiosis, chronic intestinal (&gt;1 mo. duration)</td>
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<td>Cytomegalovirus disease (other than in liver, spleen, or nodes)</td>
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<td>Cytomegalovirus retinitis (with loss of vision)</td>
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<td>HIV encephalopathy</td>
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<td>HIV encephalopathy</td>
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*If TB selected above, indicate RV/CT Case Number:

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### Treatment/Services Referrals (record all dates as mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Has this patient been informed of his/her HIV infection?</th>
<th>This patient’s partners will be notified about their HIV exposure and counseled by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No □ Unknown</td>
<td>□ 1-Health Dept □ 2-Physician/Provider □ 3-Patient □ 9-Unknown</td>
</tr>
</tbody>
</table>

### For Female Patient

<table>
<thead>
<tr>
<th>This patient is receiving or has been referred for gynecological or obstetrical services: □ Yes □ No □ Unknown</th>
<th>Is this patient currently pregnant? □ Yes □ No □ Unknown</th>
<th>Has this patient delivered live-born infants? □ Yes □ No □ Unknown</th>
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</table>

### For Children of Patient (record most recent birth in these boxes; record additional or multiple births in the Comments section)

<table>
<thead>
<tr>
<th>*Child’s Name</th>
<th>Child Soundex</th>
<th>Child’s Date of Birth</th>
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</table>

<table>
<thead>
<tr>
<th>*Child’s Coded ID</th>
<th>Child’s State Number</th>
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<table>
<thead>
<tr>
<th>Hospital of Birth (if child was born at home, enter “home birth” for hospital name)</th>
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<tbody>
<tr>
<td>Hospital Name</td>
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</table>

### HIV Testing and Antiretroviral Use History (if required by Health Department) (record all dates as mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Main source of testing and treatment history information (select one)</th>
<th>Date patient reported information</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient Interview □ Medical Record Review □ Provider Report □ NHM&amp;E/PEMS □ Other</td>
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</table>

<table>
<thead>
<tr>
<th>Ever had previous positive HIV test? □ Yes □ No □ Refused □ Don’t Know/Unknown</th>
<th>Date of first positive HIV test</th>
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<table>
<thead>
<tr>
<th>Ever had a negative HIV test? □ Yes □ No □ Refused □ Don’t Know/Unknown</th>
<th>Date of last negative HIV test (If date is from a lab test with test type, enter in Lab Data section)</th>
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<tr>
<th>Number of negative HIV tests within 24 months before first positive test #</th>
<th>□ Refused □ Don’t Know/Unknown</th>
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<tr>
<th>Ever taken any antiretrovirals (ARVs)? □ Yes □ No □ Refused □ Don’t Know/Unknown</th>
<th>If Yes, ARV medications:</th>
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<tr>
<th>Dates ARVs taken</th>
<th>Date first began: __ __ /__ __ /__ __ __ __</th>
<th>Date of last use: __ __ /__ __ /__ __ __</th>
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### Comments

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<th>*Comments</th>
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### *Local / Optional Fields

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