HIV Case Report Form

Patient Demographics

Patient Last Name	Patient First Name	MI	Medical Record Number

Address	City of Residence	State

Zip Code	Telephone Number	Country of Birth ☐ US ☐ Unknown ☐ Other- specify:

Soundex (Office Use Only)	Month	Day	Year (4 digit)	Gender (check one)	Full Social Security Number (enter zeros if no SSN)
				☐M ☐M - F ☐F ☐F - M	- -
	Date of Birth				

Race (Check all that apply)

☐ Black/African American ☐ Asian*
☐ Hispanic/Latino* ☐ Native American/Alaskan Native*
☐ Pacific Islander* ☐ White/Caucasian
*Specify ______

Risk (Check all that apply)

☐ Sex with male ☐ Sex with female
☐ IV Drug use ☐ Sex with bisexual male
☐ Sex with IV Drug user ☐ Other- specify: ______

HIV Incidence Surveillance

(Please complete date of first positive and last negative in Laboratory Data below)

☐ Check if never had a negative HIV test (this is the first HIV test)

Number of HIV tests in 2 years before first positive:

1 (first positive) + __ (# prior negative tests) = __ Total

Ever taken any ARVs (antiretrovirals)? ☐Yes ☐No

On PrEP (Pre-Exposure Prophylaxis) at time of diagnosis? ☐Yes ☐No

First date of ARV use __/__/____ Last date of ARV __/__/____

If yes, list ARV medications: ______

Laboratory Data

Required Test[1]

Test	Lab Name and Accession #:	Mo	Dy	Year
Antibody screen: ☐ HIV-1 EIA ☐ HIV-1/2 EIA ☐ HIV-1/2 Ag/Ab				
Supplementary Antibody: ☐ HIV-1 ☐ HIV-2 ☐ IFA/Western Blot				
☐ NAT (Nucleic Acid Test) ☐ Acute Case (reactive screen, negative supplementary, and positive NAT or detectable viral load)				
☐ Viral Load: ______ copies/ml Type:				

Recent CD4 Lab Name/Accession #:	Count	Percent	CD4 Test Date			Date of First Positive HIV test			Date of Last Negative HIV test		
			Mo	Dy	Year	Mo	Dy	Year	Mo	Dy	Year

Facility/Provider Information

Facility Name	Facility City	Facility State

Physician's Name (last, first, MI)	Telephone Number
Person Completing Form	**Telephone Number**

Address	City	State	ZIP Code

History with another provider and/or in another region:

[1]To report an HIV case, one of the tests within the "Required Test" area must be checked. A CD4 test is not indicative of HIV infection; however it is useful additional information if a recent test is available. If you are reporting on a test other than a confirmed antibody, but you know the test date of the first confirmed antibody test, please complete the box "Date of First Positive HIV Test".

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