

HIV Laboratory Test Requisition Form

Revised 10/2007

(This Form Should Accompany All Specimens Sent to Louisiana Public Health Laboratories for HIV Testing)



Place a Label from HIV Test Form - Part 1 or write the form number here

Sender's Return Address

Client's Date of Birth

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Client's Birth Sex

Male Female

Is this a confirmation test following a reactive rapid test?

Yes No

If yes, select which rapid test was used for screening (Test Type):

Date Specimen was Collected

		.			.				
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Type of Specimen Collected

- Serum
- Plasma
- Blood
- Oral Fluid

Test Requested from Lab

- HIV-1 and HIV-2
- HIV-1
- HIV-2

Time Specimen was Collected

		:		
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AM PM

FOR LABORATORY USE ONLY BELOW THIS LINE

HIV-1/HIV-2 EIA

Reactive
 Non-Reactive

Analyst: _____ LAB#: _____

Date: _____

HIV-1 EIA

Reactive
 Non-Reactive

Analyst: _____ LAB#: _____

Date: _____

HIV-2 EIA

Reactive
 Non-Reactive

Analyst: _____ LAB#: _____

Date: _____

HIV-1 WESTERN BLOT

Reactive
 Non-Reactive

Analyst: _____ LAB#: _____

Date: _____

UNSATISFACTORY DUE TO:

- Hemolysis
- Lipemia
- Contamination
- Insufficient Quantity
- No Specimen Received

Date: _____ LAB#: _____

HIV-2 WESTERN BLOT

Reactive
 Non-Reactive

Analyst: _____ LAB#: _____

Date: _____

LABORATORY HIV TEST REPORT

HIV-1 REPORT

- Negative
- Positive
- Inconclusive

DATE: _____
LAB# _____
Reported by: _____
Reveiwed by: _____

Notes: _____

HIV-2 REPORT

- Negative
- Positive
- Inconclusive

DATE: _____
LAB# _____
Reported by: _____
Reveiwed by: _____