For lab use only

Mississippi Public Health Laboratories
Main Lab - 570 East Woodrow Wilson
Jackson, Mississippi 39216
Phone - 601-576-7582

HIV Antibody Requisition

Program/Testing Site (Check only one):

❑ TB	❑ Maternity	❑ Corr. Facility (MDOC)
❑ STD	❑ Child Health	❑ County/City Jail
❑ Drug Rehab	❑ Adult Health	❑ College/University
❑ FP	❑ Volunteer/Req	❑ Community Based Organization

Reported Risk Factors (check all that apply:)

Vaginal or anal sex with ❑ Female ❑ Male ❑ Transgender **If yes, was it:**

❑ without using a condom
❑ with a person who is an IDU
❑ with a person with HIV+
❑ if female, did you have vaginal or anal with a man who has sex with men

Other Risk Factors (check all that apply):

❑ Engaged in injection drug use
❑ Shared injection drug equipment
❑ Unprotected sex with multiple Partners
❑ Engaged in oral sex
❑ Exchanged sex for drugs/money or other
❑ Sex while intoxicated and/or high on drugs
❑ Sex with person of unknown HIV status
❑ Sex with person who exchange sex for drugs
❑ Sex with anonymous partners
❑ Other (write): _____

Check all that apply:

❑ Retest of previous HIV+

❑ Rapid Test Reactive

Previous HIV Test:
__ Yes __ No __ Unsure

Date of Last Test: __/__/__

Symptoms of HIV infection:
__ Yes __ No __ Unsure

Contact or Suspicion of contact to HIV+
__ Yes __ No __ Unsure

Pregnancy Status

Pregnant: ❑ Yes ❑ No In prenatal care: ❑ Yes ❑ No

MR # _____ ID # _____

Name _____

Address _____

City/State _____

Phone _____ Gender ____ DOB _____

SS # _____-_____-_____ Race _____

Hispanic ethnicity? ❑ Yes ❑ No

Submitter Name _____

Address _____

Date Collected _____/_____/_____ ❑ AM ❑ PM

Collected By (Print): _____

Occupational exposure: Check (a) or (b) below
(a) ____ Employee's blood ___
(b) ____ Client's blood involved in exposure incident

Place Barcode Label Here.

Mississippi State Department of Health FORM 364 (REVISED September 2015)

HIV Antibody, REQ 364 Instructions

PURPOSE

To collect demographic and epidemiologic data on patients who receive antibody tests and to request the lab test.

INSTRUCTIONS

For Lab Use Only
DO NOT WRITE IN THIS SPACE. This area is used by the MSDH Laboratory staff to record the test results.

Program/Testing Site:
Check **only one** blank that corresponds to the clinic or program for which the specimen is drawn.

Reported Risk Factors:
Check all the social/risk factors that apply to this patient.

Other Risk Factors:
Check **all** the risk factors that apply to the patient, including whether the patient has a previous positive test, is rapid test reactive, has symptoms, or contact with an HIV+

Pregnancy Status:
Check the appropriate responses related to the patient's pregnancy and prenatal care status.

Patient Demographic Section
This space can be utilized for the patient's PIMS label. The identification information may be handwritten if the specimen is collected in the field environment or if the PIMS system is not functioning.

Note: Please attach PIMS labels to both copies of the Laboratory Slip if using a PIMS label.

MR/ID#: Enter the unique identifying numbers of patients (PIMS).

Name -Enter the patient's LAST NAME, FIRST NAME and MIDDLE INITIAL in sequence. The spelling of the name on the HIV Antibody Test form and the specimen container/tube must be identical.

Street Address -Enter the complete address where the patient currently lives. Post Office Box numbers should only be accepted as a last resort.

City -Enter the name of the city in which the patient lives.

State -Enter the state in which the patient lives.

Phone # -Enter a telephone number where the patient may be reached (including area code).

Gender: Enter the first letter of the patient's gender (M/F)

DOB: Enter the Date of Birth (month, day and year).

SSN: Enter the patient's Social Security Number.

Race -Identify the patient's race (White, Black or African American, Asian, American Indian /Alaska Native, Native Hawaiian/Pacific Islander)

Hispanic ethnicity: Check yes or no whether the client is Hispanic.

Submitter Name: Write the name/location of the health department or clinic in which the specimen is drawn.

Clinic Address: Write the address of the clinic.

Date collected: Enter the date the specimen is drawn in month, day and year, including the time of day (morning or afternoon). This information is required for testing to be performed.

Collected by: Enter the name of the person that collected the specimen

Occupational Exposure: Complete this section only if sample is part of an exposure incident investigation.
Check box (a) employee's blood or box (b) clients blood involved in exposure incident

For Lab Bar Code use only:
The laboratory will use this area to place a bar code sticker

OFFICE MECHANICS AND FILING
This form should be completed each time an HIV antibody test is collected and the white copy should accompany the specimen to the Mississippi State Department of Health laboratory. The yellow copy should be retained by the submitting health department.

RETENTION PERIOD
All clinical laboratory test records are retained for a minimum of 2 years from date of receipt.