

**California Department of Public Health – Viral and Rickettsial Disease Laboratory  
 Submittal Form for HIV (Human Immunodeficiency Virus) Tests**

Patient Name or Specimen I.D.#	Date Collected	Date Received	State Lab #
If a prior specimen was sent to us for testing, please enter the previous State Lab # or Patient I.D.#		<input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/>	<input type="checkbox"/> Plasma
<b>Patient Travel History and/or Risk Factors for HIV-2</b>			
Local Laboratory screening assay ratio = _____ <b>Supplemental and Confirmatory Tests</b> performed at Local Laboratory: IFA for HIV-1 <input type="checkbox"/> non reactive <input type="checkbox"/> reactive <input type="checkbox"/> nonspecific Western blot for HIV-1 <input type="checkbox"/> nonreactive <input type="checkbox"/> reactive bands:			

**RESULTS of STATE LABORATORY TESTS**

HIV Ag/Ab EIA ratio* = _____ HIV-1 IFA <input type="checkbox"/> non reactive <input type="checkbox"/> reactive at 1: _____ <input type="checkbox"/> nonspecific HIV-1 Western blot: <input type="checkbox"/> non reactive <input type="checkbox"/> reactive bands=
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<b>HIV-2 Enzyme Immunoassay (EIA)</b>  Average Ratio _____ using _____ kit.  $\text{Ratio} = \frac{\text{Specimen Optical Density}}{\text{Cutoff Optical Density}}$ Ratio of 1 or greater is REACTIVE. Ratio of less than 1 is NONREACTIVE	<b>HIV-2 Supplemental Tests</b>  HIV-2 IFA: <input type="checkbox"/> nonreactive <input type="checkbox"/> reactive at 1: _____  HIV-2 Western blot: <input type="checkbox"/> nonreactive reactive bands: <ul style="list-style-type: none"> <li><input type="checkbox"/> p26</li> <li><input type="checkbox"/> gp36</li> <li><input type="checkbox"/> p55</li> <li><input type="checkbox"/> p68</li> <li><input type="checkbox"/> gp125</li> <li><input type="checkbox"/> gp140</li> </ul>
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**OVERALL INTERPRETATION of STATE LABORATORY TEST RESULTS**

<input type="checkbox"/> Antibody/Antigen Not Detected for HIV-1 <input type="checkbox"/> Antibody Not Detected for HIV-2  <input type="checkbox"/> Inconclusive for HIV-1 – See Comment Below <input type="checkbox"/> Inconclusive for HIV-2 – See Comment Below	<input type="checkbox"/> Antibody Detected – consistent with HIV-1 infection. <input type="checkbox"/> Antibody Detected – consistent with HIV-2 infection.  <input type="checkbox"/> Unsatisfactory or Not Tested
Comment:	Date Reported

Type or Print Submitter's Complete Address

California Department of Public Health  
 Viral and Rickettsial Disease Laboratory  
 850 Marina Bay Parkway, Richmond, CA 94804  
 Phone (510) 307-8575 Fax (510) 307-8599

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