

**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
Patient Travel History and/or Risk Factors for HIV-2			
Local Laboratory Testing: Screening assay: _____ Ratio(s) = _____			
Description of Supplemental/Confirmatory Testing and Results:			

RESULTS of STATE LABORATORY TESTS

HIV Ag/Ab EIA ratio* = _____ * Ratio = $\frac{\text{Specimen Optical Density}}{\text{Cutoff Optical Density}}$ (≥ 1 = Reactive)	
HIV-1 IFA: <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Reactive at 1: _____ <input type="checkbox"/> Non-Specific	HIV-2 IFA: <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Reactive at 1: _____ <input type="checkbox"/> Non-Specific

HIV-1 Western blot: <input type="checkbox"/> Nonreactive <input type="checkbox"/> Reactive Reactive Bands: <input type="checkbox"/> p17 <input type="checkbox"/> p31 <input type="checkbox"/> p24 <input type="checkbox"/> p51 <input type="checkbox"/> gp41 <input type="checkbox"/> p55 <input type="checkbox"/> gp120/160 <input type="checkbox"/> p66	HIV-2 Western blot: <input type="checkbox"/> Nonreactive <input type="checkbox"/> Reactive Reactive Bands: <input type="checkbox"/> p26 <input type="checkbox"/> p55 <input type="checkbox"/> gp36 <input type="checkbox"/> p68 <input type="checkbox"/> gp125 <input type="checkbox"/> gp140
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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 Detected – consistent with HIV-1 infection.
<input type="checkbox"/> Antibody Not Detected for HIV-2	<input type="checkbox"/> Antibody Detected – consistent with HIV-2 infection.
<input type="checkbox"/> Inconclusive for HIV-1 – See Comment Below	<input type="checkbox"/> Unsatisfactory or Not Tested
<input type="checkbox"/> Inconclusive for HIV-2 – See Comment Below	
Comment:	Date Reported

Type or Print Submitter's Complete Address

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 Rev.010715