

**Positive and Preliminary Positive Test Result Data Reporting Requirements
for Entry in Local Evaluation Online (LEO)**

ADMINISTRATIVE AND RECORD INFORMATION		
Variable Label	Definition	Value Label
Unique ID	<i>A Unique non-identifying client encounter number is required for data reporting and data entry. It links encounter administrative, demographic and behavioral information, HIV antibody tests, appointment log, and other record keeping documents. This number links client demographic and record variables with HIV antibody laboratory testing variables in a one-to-many relationship. This variable must not contain any identifying information or information that can be linked to a client’s electronic medical record. It must be unique by agency, in other words the same unique ID number should never be used on two different HTFs from the same agency.</i>	
Agency ID	Unique Agency number assigned to the local health department (LHD) or other contracting agency by OA. Additional information about the address and type of location will be collected by OA.	
Intervention ID	Unique intervention number assigned by OA to identify a unique testing intervention within an agency. Additional information about the intervention will be collected by OA.	
Location ID	Unique location number assigned by OA to distinguish locations where agencies regularly provided services. This identifies the physical location and includes static venues, mobile van locations, and outdoor or outreach testing locations. Additional information about the address and type of location will be collected by OA.	

CLIENT INFORMATION		
Current gender identity	Client's self-identified gender. If a transgender client was biologically male at birth select (3) <i>Transgender: male to female</i> . If a transgender client was biologically female at birth select (4) <i>Transgender: female to male</i> . If a client identifies as intersex or has another self-identified gender select (5) <i>Other identity</i> and specify the gender they identify with.	1=Male 2=Female 3=Transgender male to female 4=Transgender female to male 5=Other identity 6=Decline to answer
Gender identity specified	Specified other gender identity if client indicates (5) <i>Other identity</i> as their self-identified gender identity.	
Biological sex at birth	Client's biological sex at birth (e.g., sex noted on client's birth certificate). Indicate (1) <i>Male</i> for sex that produces spermatozoa by which female ova are fertilized, (2) <i>Female</i> for sex that produces ova and can conceive and bear children, or (3) <i>Intersex</i> if client indicates their biological sex is such that sex chromosomes are inconsistent with physical characteristics or physical characteristics are not classifiable as either male or female.	1=Male 2=Female 3=Intersex 4=Decline to answer
Race / ethnicity		
Race/ethnicity variables represent the six standard groups collected through the US Census. Indicate the race or ethnicity groups that the client most identifies with or that come closest. Indicate all that apply.		
Black / African American race	Client is Black/African American	1=Yes
American Indian / Alaska Native race	Client is American Indian/Alaskan Native	1=Yes
Asian race	Client is Asian	1=Yes
Asian race specified	Specify Asian race, if needed.	
Native Hawaiian / Pacific Islander race	Client is Native Hawaiian or Pacific Islander	1=Yes
Native Hawaiian / Pacific Islander race specified	Specify Native Hawaiian / Pacific Islander race, if needed.	
Hispanic / Latino(a) race/ethnicity	Client is Hispanic/Latino(a)	1=Yes
Hispanic / Latino(a) race/ ethnicity specified	Specify Hispanic / Latino(a) race/ ethnicity, if needed.	

White race	Client is White	1=Yes
Client does not know	Client does not know his or her Race/Ethnicity	1=Yes
Decline to answer	Client declines to answer	1=Yes
Date of birth	Client's date of birth	mm/dd/yyyy
First letter of last name	First letter of client's last name. This information is necessary to create a unique client ID and is used as part of an anonymous matching code to track successful referrals to services. The matching criteria are made up of the first letter of the client's last name, date of birth, race, gender and residence ZIP code.	A - Z
Residence county	If client resides in California, the California County where the client's residence was located at the time of service delivery. If the client is a transient then enter the county where they most often reside or hang out.	1=Alameda 2=Alpine 3=Amador 4=Butte 5=Calaveras 6=Colusa 7=Contra Costa 8=Del Norte 9=El Dorado 10=Fresno 11=Glenn 12=Humboldt 13=Imperial 14=Inyo 15=Kern 16=Kings 17=Lake 18=Lassen 19=Los Angeles 20=Madera 21=Marin 22=Mariposa 23=Mendocino 24=Merced 25=Modoc 26=Mono 27=Monterey 28=Napa 29=Nevada 30=Orange 31=Placer 32=Plumas 33=Riverside 34=Sacramento

		35=San Benito 36=San Bernardino 37=San Diego 38=San Francisco 39=San Joaquin 40=San Luis Obispo 41=San Mateo 42=Santa Barbara 43=Santa Clara 44=Santa Cruz 45=Shasta 46=Sierra 47=Siskiyou 48=Solano 49=Sonoma 50=Stanislaus 51=Sutter 52=Tehama 53=Trinity 54=Tulare 55=Tuolumne 56=Ventura 57=Yolo 58=Yuba
Residence state	The US state, territory, or district code where the client’s residence was located at the time of service delivery. If the client is a transient then enter the state where they most often reside or hang out.	AK=Alaska AL=Alabama AR=Arkansas AS=American Samoa AZ=Arizona CA=California CO=Colorado CT=Connecticut DC=District of Columbia DE=Delaware FL=Florida FM=Federated States of Micronesia GA=Georgia GU=Guam HI=Hawaii IA=Iowa ID=Idaho IL=Illinois IN=Indiana KS=Kansas KY=Kentucky LA=Louisiana

		MA=Massachusetts MD=Maryland ME=Maine MI=Michigan MN=Minnesota MO=Missouri MS=Mississippi MT=Montana NC=North Carolina ND=North Dakota NE=Nebraska NH=New Hampshire NJ=New Jersey MH=Marshall Islands NM=New Mexico MP=Northern Mariana Islands NV=Nevada NY=New York OH=Ohio OK=Oklahoma OR=Oregon PA=Pennsylvania PR=Puerto Rico PW=PalauSC=South Carolina SD=South Dakota TN=Tennessee TX=Texas UT=Utah VA=Virginia VI=Virgin Islands VT=Vermont WA=Washington WI=Wisconsin WV=West Virginia88= Client does not currently reside in a US state, territory, or district.
Residence ZIP code	Five digit residence ZIP code where the client's residence was located at the time of service delivery. If the client is a transient then record the ZIP code where they most often reside or hang out.	5 digit ZIP code

Housing Status (currently)	Client's current housing status.	1=Homeless 2=Unstably housed 3=Stably housed 9=Decline to Answer
Housing Status (most severe in the past 12 months)	Client's most severe housing status in the last 12 months.	1=Homeless 2=Unstably housed 3=Stably housed 9=Decline to Answer
Health insurance coverage The type(s) of health insurance coverage available to the client. Indicate all that apply.		
No health insurance coverage	Client has no health insurance coverage of any kind.	1=Yes
Private insurance	Client has health insurance coverage either through employment or by self-enrollment with a health provider, health maintenance organization (HMO), preferred provider organization (PPO), or point of service plan (POS).	1=Yes
Medi-Cal (Medicaid)	Client is enrolled in California's Medi-Cal or Medicaid program.	1=Yes
Family PACT	Client is enrolled in Family PACT	1=Yes
Medicare	Client is enrolled in Medicare program.	1=Yes
Military	Client receives health insurance through the military (e.g., Tricare) whether for active duty, retired, reserve, guard, veteran, or for family members.	1=Yes
Indian Health Service	Client has access to Indian Health Service programs.	1=Yes
Other public health insurance coverage	Client receives health care and services covered through some other public source than listed above. Specify other health coverage.	1=Yes
Other public health insurance coverage specified	Specify health insurance if <i>Other public health insurance coverage</i> is indicated.	
Previous HIV Testing Results		
HIV test before today?	Indicate whether or not the client self-reports being tested for HIV before today.	1=Yes 0=No 8=Client does not know 9=Decline to answer

Most recent HIV result received:	Most recent HIV test result received, as reported by the client.	1=Negative 2=Positive 3=Preliminary Positive 4=Inconclusive, discordant, invalid 5=Client does not know 9=Decline to answer
Date of last HIV test result:	Date of last HIV test result received. An approximate date is better than no date. Providers need to know recent testing intervals and need to know more than the year even for old testing. Therefore, have the client approximate the month if necessary. If the client does not remember the month then ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. "Was it in the winter?").	mm/yyyy
HIV TEST INFORMATION		
Test sequence	The information associated with each HIV test performed during the encounter, as part of a testing algorithm, must be completed for each variable listed below.	HIV TEST #1 HIV TEST #2 HIV TEST #3
Test ID:	Unique lab slip id that distinguishes each HIV test performed. This variable must not contain any identifying information or information that can be linked to a client's electronic medical record. This is an optional field.	
Sample date	The lab specimen collection date for the HIV test.	mm/dd/yyyy
Provider ID	Unique Provider number assigned to the local health department (LHD) or other contracting agency by OA. Additional information about the provider will be collected by OA. This is an optional field.	
Test technology	The test type used for each HIV test. Conventional tests include all non-rapid antibody/antigen tests, Western Blot (WB), and Indirect Fluorescent Antibody (IFA)	1=Rapid 2=Conventional 3=NAAT/RNA 4=Other test technology
Other Test, specify	Specify test technology if <i>Other test technology</i> is indicated.	

Test result	The HIV test result for each HIV test.	1=Positive 2=Preliminary Positive 3=Negative 4=Indeterminate/ Inconclusive 5=Invalid 6=No result
Result provided	The HIV test result was provided to the client.	1=Yes 0=No
Date result provided	Date client received result of the specified HIV test. Usually after the <i>disclosure session date</i> unless multiple rapid testing algorithms are used.	mm/dd/yyyy
Mark if client obtained results from another agency	The client obtained HIV test results from another agency.	1=Yes
If results not provided, why?	The reason the client did not receive HIV test results.	1=Client declined notification 2=Did not return/ Could not locate 3=Other
CLIENT HIV RISK FACTORS		
Was client asked about HIV risk factors?	The client was asked about HIV risk factors.	1=Risk factors discussed 2=Client was not asked about risk factors 3=Client declined to discuss risk factors
Vaginal or Anal Sex (past 12 months)		
Indicate whether or not client has had vaginal or anal sex with male, female, or transgender partner(s) in the past 12 months. For each partner type, indicate the sexual activities that the client has engaged in.		
Male Partner		
Vaginal or anal with a male partner	Client indicates having had vaginal or anal sex with a man in the past 12 months. Indicate the type of sex in the past 12 months below.	1=Yes 0=No 9=Declined
Vaginal receptive sex with male partner	Client's male sex partner inserted their penis into the client's vagina.	1=Yes
Anal insertive sex with male partner	Client inserted their penis into a male sex partner's anus.	1=Yes
Anal receptive sex with male partner	Client's male sex partner inserted his penis into the client's anus.	1=Yes

Vaginal or anal sex with a male partner without using a condom	Indicate if client has had vaginal or anal sex with a male partner without using a condom in past 12 months. Mark (1) Yes if client reports sex without using a condom in the past 12 months.	1=Yes
Vaginal or anal sex with a male partner who injects drugs	Indicate if client has had vaginal or anal sex in the past 12 months with a male partner who injects drugs. If during the last 12 months client has had sex with someone they are reasonably sure has injected drugs then mark (1) Yes.	1=Yes
Vaginal or anal sex with HIV-positive male partner	Indicate if client has had vaginal or anal sex with a HIV-positive male partner in the past 12 months. If during the last 12 months client has had sex with a male partner they are reasonably sure or know is HIV positive then mark (1) Yes.	1=Yes
Vaginal or anal sex with a male partner known to have sex with a male (if female)	If client's self-reported gender is female, indicate if client had vaginal or anal sex in the past 12 months with a man who has had sex with another man. Mark (1) Yes, if during the last 12 months a female client has had sex with a man who she is reasonably sure has had sex with another man.	1=Yes
Female Partner		
Vaginal or anal sex with a female partner	Client has had sex with a female in the past 12 months. Indicated the type of sex in the past 12 months below.	1=Yes 0=No 9=Declined
Vaginal insertive sex with a female partner	Client inserted their penis into a female sex partner's vagina.	1=Yes
Anal insertive sex with a female partner	Client inserted their penis into their female sex partner's anus.	1=Yes
Vaginal or anal sex with a female partner without using a condom	Indicate if client had vaginal or anal sex with a female partner without a condom in past 12 months. Mark (1) Yes if client reports having had vaginal or anal sex without condom (12 months)..	1=Yes
Vaginal or anal sex with a female partner who injects drugs	Indicate if client has had vaginal or anal sex in the past 12 months with a female partner who injects drugs. If during the last 12 months client has had sex with someone they are reasonably sure has injected drugs then mark (1) Yes.	1=Yes
Vaginal or anal sex with a HIV-positive female partner	Indicate if client has had vaginal or anal sex with a HIV-positive female partner in the past 12 months. If during the last 12 months client has had sex with a female partner they are reasonably sure or know is HIV positive then mark (1) Yes.	1=Yes

Transgender (TG) Partner		
Vaginal or anal sex with a transgender partner	Client indicates having had sex with a transgender partner in the past 12 months. Indicated the type of sex in the past 12 months below.	1=Yes 0=No 9=Declined
Vaginal sex with a transgender partner	Vaginal sex with a transgender partner. A transgender partner inserted their penis into the client's vagina or the client inserted their penis into a transgender partner's vagina.	1=Yes
Anal insertive sex with a transgender partner	Anal insertive sex with transgender partner. A client inserted their penis into a transgender partner's anus.	1=Yes
Anal receptive sex with a transgender partner	Anal receptive sex with transgender partner. Client's transgender partner inserted their penis into the client's anus.	1=Yes
Vaginal or anal sex with a transgender partner without using a condom	Indicate if client has had vaginal or anal sex with a transgender partner without using a condom in past 12 months. Mark (1) Yes, if client reports having had vaginal or anal sex without using a condom in the past 12 months.	1=Yes
Vaginal or anal sex with a transgender partner who injects drugs	Indicate if client has had vaginal or anal sex in the past 12 months with a transgender partner who injects drugs. If during the last 12 months client has had sex with someone they are reasonably sure has injected drugs then mark (1) Yes.	1=Yes
Vaginal or anal sex with a HIV-positive transgender partner	Indicate if client has had vaginal or anal sex with a HIV-positive transgender partner in the past 12 months. If during the last 12 months client has had sex with a transgender partner they are reasonably sure or know is HIV positive then mark (1) Yes.	1=Yes
Total number of vaginal or anal sex partner:	Indicate the number of vaginal or anal sex partners the client has had in the last 12 months.	1-999
Has received money, drugs, or other items or services for sex?	Indicate whether or not during the past 12 months the client has received money, a place to stay, drugs, or other items or services for sex. Mark (1) Yes, if during the past 12 months the client has engaged in the above behavior or (0) No, if they have not engaged in the behavior.	1=Yes 0=No

Has had sex with a person who exchanges sex for drugs or money?	Indicate whether or not during the past 12 months the client has had sex with a person who exchanges sex for drugs or money. Mark (1) Yes, if during the past 12 months the client has engaged in the above behavior or (0) No, if they have not engaged in the behavior.	1=Yes 0=No
Oral Sex (past 12 months)		
Oral sex with male partner	Oral sex with male partner. Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.	1=Yes 0=No
Oral sex with female partner	Oral sex with female partner. Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.	1=Yes 0=No
Oral sex with transgender partner	Oral sex with transgender partner. Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.	1=Yes 0=No
Alcohol		
Number of alcoholic drinks on a typical day when drinking:	The number of alcoholic drinks the client drinks on a typical day when drinking. If the client reports they do not drink then write 0 in response to this question.	0-99
Injection drug use (past 12 months)		
Used a needle to inject drugs?	Indicate if client used a needle to inject drugs in past 12 months. Select (1) <i>Yes</i> if the client has injected drugs, (0) <i>No</i> if they have not injected drugs, or (9) <i>Declined/refused</i> if client declined or refused to indicate if they have injected drugs.	1=Yes 0=No 9=Declined
If yes, shared syringes or injection equipment?	Indicate if client shared syringes or injection equipment in the past 12 months. Complete if client reports injection drug use in the past 12 months. If client reports sharing their syringes or injection equipment then indicate (1) <i>Yes</i> , or if the client indicates never sharing needles in the past 12 month then indicate (1) <i>No</i> .	1=Yes 0=No

Other HIV behavior/exposure risk factors? (past 12 months, mark all that apply)		
No additional risk factors	Indicate (1) Yes, if client reports no additional HIV behavior/exposure risk factors in the past 12 months.	1=Yes
Diagnosed with syphilis, gonorrhea, or chlamydia	Indicate (1) Yes, if client reports being diagnosed with syphilis, gonorrhea, or chlamydia in the past 12 months.	1=Yes
Stimulate drug use (speed, power, cocaine, crack)	Indicate (1) Yes, if client reports using a stimulate drug (e.g., speed, power, meth, cocaine, or crack) in the past 12 months.	1=Yes
Other HIV behavior/exposure	Indicate (1) Yes, if client reported any additional risk behaviors or exposures in the past 12 months not already captured and then specify the behavior or exposure. Other HIV risk behaviors or exposures may include, but are limited to the following: occupational blood-to-blood exposure, blood product transfusion before 1985 (or in a country where blood is/was not tested for HIV), child born of an HIV-infected woman, sexual assault, behavior where blood-to-blood contact is clearly indicated and other behaviors that pose a risk of transferring bodily fluids.	1=Yes
Specify other HIV behavior/ exposure	Specify other HIV behavior or exposure risk.	
PRELIMINARY & CONFIRMED POSITIVE RESULT		
HIV Positive Referrals		
Any client testing HIV positive or preliminary positive should receive appropriate referrals for further HIV evaluation and care.		
Referred to HIV medical care?	Indicate whether or not client was referred to HIV medical care. All HIV positives need to be referred to or transitioned to a medical provider for further evaluation and HIV care in order for the client to make informed decisions about their health and future. Verification of linkage is required for medical referrals that result in a medical visit to a physician/doctor, nurse practitioner, or physician's assistant with the ability to order medical tests.	1=Yes 0=No

If yes, did client attend first appointment?	If referred to medical care indicate if client attended their first medical appointment.	1=Yes 0=No 8=Don't know
Appointment date:	If client attended their first medical appointment then indicate the date of the first medical visit to a physician/doctor, nurse practitioner, or physician's assistant with the ability to order medical tests.	mm/dd/yyyy
If not referred to medical care, indicate why?	If not referred to medical care then indicate the reason why client was not referred to medical care.	1=Client already in HIV medical care 2=Client declined HIV medical care
Referred to HIV prevention services?	Indicate whether or not client was referred to any HIV prevention service(s) other than medical care and treatment, prenatal care, or partner services. This includes syringe exchange, STD testing and treatment, and HIV education and prevention services referrals.	1=Yes 0=No
If yes, did client receive HIV prevention services?	If referred to HIV prevention services indicate if client attended an HIV prevention service.	1=Yes 0=No 8=Don't know
If female, is client pregnant?	If client is female, indicate whether or not the client self-reports being pregnant.	1=Yes 0=No 8=Don't know 9=Declined
If yes, in prenatal care?	If client is pregnant then indicate if client is currently in prenatal care.	1=Yes 0=No 8=Don't know 9=Decline
Has the unique ID from this testing form been provided to your HIV/AIDS Surveillance Coordinator or program for inclusion on the HIV/AIDS Adult Case Report Form (ACRF)?	Indicate (1) Yes, if you or your agency have provided your HIV/AIDS Surveillance Coordinator or program the unique ID or HTF ID from this testing form, so they can include it on the HIV/AIDS Adult Case Report Form (ACRF)?	1=Yes 0=No

<p>Partner Services (PS) Providers trained in performing Partner Services (PS) are encouraged to provide this service to clients testing HIV positive. PS helps support clients in informing their sex and needle sharing partners that they have had an exposure to HIV and should be tested.</p> <p>Indicate the date that PS activities occurred. If PS activities were provided during the current session then indicate the type of PS activities and the number of partners.</p>		
Were partner services discussed/offered this session?	Indicate if PS services were discussed and offered to client. Mark (1) if PS were discussed with the client, and PS activities were provided during the current session or referred to another agency to receive the PS service; (2) if PS was discussed with client, but client declined PS services; (3) if PS was not discussed with client.	1=Offered and accepted 2=Offered and refused 3=Not offered
Was skill building provided for self-notification?	Indicate if skill building was provided to assist HIV positive or preliminary positive client in notifying their sex and/or syringe sharing partners they have been exposed to HIV and should be tested.	1=Yes 0=No
Number of partners to be self-notified:	Indicate the number of partners to be self-notified by the HIV positive or preliminary positive client.	0-999
Was client interviewed for partner elicitation at this agency?	Indicate if client was interviewed for partner elicitation at <u>your</u> agency. The interview may include the elicitation of personal information for anonymous third party notification and/or dual client-partner session(s).	1=Yes 0=No
Interview date: (your agency)	Indicate the date that partner services activities were initiated at <u>your</u> agency. If PS activities occurred during a <i>disclosure session</i> then this date is the same as the disclosure session(s).	mm/dd/yyyy
Number of partners: (your agency)	Indicate the number of partners elicited at <u>your</u> agency for anonymous third party notification and/or dual client-partner session. For each activity, attach a Partner Information Form (PIF) for each partner accounted for in anonymous third party notification and dual client/partner session(s)	0-999
Was partner services referred out to another agency?	Indicate if the client was referred out to another agency for PS.	1=Yes 0=No
Specify agency	Write the name or identification number of the agency that the client was referred to for PS.	

Was client interviewed for partner elicitation? (another agency)	Indicate if client was interviewed for partner elicitation at <u>another</u> agency. The interview may include the elicitation of personal information for anonymous third party notification and/or dual client-partner session.	1=Yes 0=No 8=Don't know
Interview date: (another agency)	Indicate the date that partner services activities were initiated. If PS were referred out then this is the date that activities were initiated with the client at the agency where PS was provided.	mm/dd/yyyy
Number of partners: (another agency)	Indicate the number of partners elicited at <u>another</u> agency for anonymous third party notification and/or dual client-partner session.	0-999
HIV TESTING AND TREATMENT HISTORY		
Ever had a previous positive HIV test?	Indicate if client has ever in their life had a positive HIV test prior to the current HIV positive test.	1=Yes 0=No 8=Don't know/unknown 9=Refused
Date of <u>first positive</u> HIV test (mm/dd/yyyy)	Date of <u>first positive</u> HIV test specimen. Providers need to know recent testing intervals and planners need to know more than the year even for old testing, so please have the client approximate the month if necessary. If the client does not remember the month then ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. "Was it in the winter?").	mm/dd/yyyy
Ever had a negative HIV test?	Indicate if client has ever tested negative for HIV in their lifetime.	1=Yes 0=No 8=Don't know/unknown 9=Refused
Date of <u>last negative</u> HIV test (mm/dd/yyyy)	Date of <u>last negative</u> HIV test specimen. Providers need to know recent testing intervals and planners need to know more than the year even for old testing, so please have the client approximate the month if necessary. If the client does not remember the month then ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. "Was it in the winter?").	mm/dd/yyyy
Number of negative HIV tests within 24 months before first positive HIV test:	Enter the number of HIV tests within 24 months before the first positive HIV test. DO NOT count the first positive test. Only count the negative tests client had in the 24 months (2 years) prior to having the first positive test.	1-99

<p>Ever taken antiretroviral (ART) medication?</p>	<p>Indicate if patient has ever taken any antiretroviral (ARV) medication. Mark (1) Yes, if client has ever taken any ARV medication.</p>	<p>1=Yes 0=No 8=Don't know/unknown 9=Refused</p>
<p>Specify antiretroviral medications:</p>	<p>List ARV medications client has used or is currently using. All ARV codes for specifying ARVs are located on page 3 of this form.</p>	
<p>Specify antiretroviral medications:</p>	<p>Enter the name of earliest known ARV medication taken. Select 'Unspecified' if ARV medication name is unknown. Variable is not being used to monitor treatment.</p>	<p>22=Agenerase (amprenavir) 30=Aptivus (tipranavir, TPV) 32=Atripla (efavirenz/emtricitabine/t enofovir DF) 24=Combivir (lamivudine/ zidovudine, 3TC/AZT) 06=Crixivan (indinavir, IDV) 11=Emtriva (emtricitabine, FTC) 03=Epivir (lamivudine, 3TC) 28=Epzicom (abacavir/lamivudine, ABC/3TC) 25=Fortovase (saquinavir, SQV) 10=Fuzeon (enfuvirtide, T20) 19=Hepsera (adefovir) 02=Hivid (zalcitabine, ddC) 23=Hydroxyurea 18=Invirase (saquinavir, SQV) 34=Intelence (etravirine) 36=Isentress (raltegravir) 16=Kaletra (lopinavir/ ritonavir) 31=Lexiva (fosamprenavir, 908) 07=Norvir (ritonavir, RTV) 33=Prezista (darunavir, DRV) 09=Rescriptor</p>

		(delavirdine, DLV) 26=Retrovir (zidovudine, ZDV, AZT) 15=Reyataz (atazanavir, ATV) 08=Saquinavir (Fortavase, Invirase) 35=Selzentry (maraviroc) 21=Sustiva (efavirenz, EFV) 13=Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT) 27=Truvada (tenofovir DF/emtricitabine, TDF/FTC) 01=Videx (didanosine, ddl) 14=Videx EC (didanosine, ddl) 17=Viracept (nelfinavir, NFV) 05=Viramune (nevirapine, NVP) 12=Viread (tenofovir DF, TDF) 04=Zerit (stavudine, d4T) 20=Ziagen (abacavir, ABC) 88=Other Antiretroviral 99=Unspecified
Date ARV <u>first taken</u> : (mm/dd/yyyy)	Enter the date of the earliest date of any ARV medication use, even if this is after the date of HIV diagnosis. An approximate date is better than no date.	mm/dd/yyyy
Date <u>ARV last taken</u> : (mm/dd/yyyy)	Enter the date ARV medication last used even if not certain that this is the date. An approximate date is better than no date.	mm/dd/yyyy
Data entry ID:	Enter the ID of the staff person who entered this form into the LEO system. Unique Data entry numbers are assigned to the local health department (LHD) or other contracting agency by OA. Additional information about the provider will be collected by OA.	

BILLING (It is required to update these variables, if billing and reimbursement for the HIV test was not resolved at the time of the initial data submission.)		
Who was billed for the HIV test?	The payer of the HIV test. If it was billed to the ET program then indicate (1) OA. If the clinic will pay for the HIV test then indicate (2) <u>Clinic</u> paid for the HIV test. If the client paid for the HIV test then indicate (3) <u>Client</u> paid for the test. If the HIV test has not been billed then do not respond to this question. Do not respond to this question until the HIV test has been billed.	1=OA 2=Clinic paid for the HIV test 3=Client paid for the HIV test 4=Private 5=Medi-Cal (Medicaid) 6=Family PACT 7=Medicare 8=Military/Tricare 9=Indian Health Services 10=Other Public
Did you receive reimbursement for the HIV test?	If the clinic has received payment for the HIV test then mark (1) Yes. If the HIV test has been billed and payment for the HIV test is <u>expected</u> , but has not been received then mark (2) No, clinic is waiting for the reimbursement. If the HIV test has been billed and payment for the HIV test is <u>not expected</u> then mark (3) No, clinic will not be reimbursed.	1=Yes 2=No, the clinic is waiting for the reimbursement 3=No, the clinic will not be reimbursed
Date you received reimbursement for the HIV test.	The date when the clinic received payment for the HIV test.	MM/DD/YYYY