

# HIV C&T TESTING INCIDENT REPORT

Unique Office of AIDS Client Number							

An HIV Counseling and Testing (C&T) Incident Report is required for any of the HIV testing or disclosure outcomes listed below. Multiple sections may be completed for a single client if necessary. Please check all that apply and complete **ONLY** the corresponding sections.

Attach this report along with all Rapid HIV Antibody Test and Conventional HIV Antibody Test lab slips and/or Laboratory Reports to the HIV Counseling Information Form, and send copies to Office of AIDS, c/o Sandy Simms; Department of Health Services, MS 7700; PO Box 997426; Sacramento, CA 95899-7426. Identifying client information should be blacked out from copies sent to OA.

This form should be completed by the counselor with the assistance of the clinic manager/supervisor **as soon as possible after the triggering event**. For assistance with this form or with rapid testing protocols, please contact Vanessa Lee at (916) 449-5542 / [vanessa.lee@cdph.ca.gov](mailto:vanessa.lee@cdph.ca.gov) or the Office of AIDS receptionist at (916) 449-5900.

## Test Results

- Discordant Result** (Complete section A)

*Rapid test result was preliminary positive, and any subsequent test result is negative or inconclusive*

- Inconclusive Result** (Complete section A)

*Conventional test result is inconclusive*

- Invalid Rapid Test Result** (Complete section B)

*Any invalid rapid test result, regardless of subsequent testing outcomes*

## Rapid Test Disclosure & Confirmatory Sample

- Rapid test result not disclosed** (Complete section C)

*Client did not receive the result from a rapid test*

- Confirmatory sample not submitted** (Complete section D)

*Client received preliminary positive rapid test result, but did not submit a confirmatory sample*

- Confirmatory test result not disclosed** (Complete section E)

*Client submitted a confirmatory sample for a preliminary positive rapid test, but did not receive the confirmatory result*

## Other

- Other** (Complete section F)

*Any other unusual testing or disclosure outcome*

## Section A: Discordant or Inconclusive Results

Please transpose the required testing information from the first lab slip (i.e., the first one completed during the client's initial visit) into the section labeled "Lab Slip #1." Answer the subsequent questions for the disclosure session associated with the results from that lab slip: Indicate what message was disclosed to the client regarding the meaning of these results, what testing recommendation was made to the client, and whether the client followed the testing recommendation. If no disclosure session occurred for results on that lab slip, please check the box that says "No disclosure occurred."

Continue completing the sections labeled "Lab Slip #2" "Lab Slip #3" etc. until all lab slips for that client have been entered in chronological order and all related disclosure information is completed. If space for more than three lab slips is needed, please print "UER – Extra Lab Slips" as needed.

LAB SLIP #1 (Preliminary positive rapid test OR Inconclusive standard test)			
Unique Office of AIDS Client Number	Test(s) Performed	Result(s)	
<input type="checkbox"/> OraQuick <input type="checkbox"/> EIA (HIV-1) <input type="checkbox"/> EIA (HIV- 2) <input type="checkbox"/> EIA (HIV-1/2) <input type="checkbox"/> IFA (HIV-1) <input type="checkbox"/> WB (HIV-1) <input type="checkbox"/> WB (HIV-2) <input type="checkbox"/> MultiSpot <input type="checkbox"/> (1) Other: _____	<input type="checkbox"/> (1) Preliminary Positive <input type="checkbox"/> (1) Reactive <input type="checkbox"/> (1) HIV-1 Reactive <input type="checkbox"/> (3) Reactive Undifferentiated <input type="checkbox"/> (1) Other result, specify: _____	<input type="checkbox"/> (2) Negative <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) HIV-2 Reactive <input type="checkbox"/> (4) Non-reactive	<input type="checkbox"/> (3) Invalid <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (3) Indeterminate
<b>Specimen Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> m m / d d / y y	<b>Disclosure Message</b> Aside from window period considerations: (check one) <input type="checkbox"/> (1) Client has HIV <input type="checkbox"/> (2) It is very likely client has HIV <input type="checkbox"/> (3) It is possible client has HIV <input type="checkbox"/> (4) It is unlikely client has HIV <input type="checkbox"/> (5) Client does NOT have HIV <input type="checkbox"/> (6) Client result was invalid <input type="checkbox"/> (7) Other (explain below)		
<b>Specimen Type:</b> <input type="checkbox"/> (1) Oral Fluid <input type="checkbox"/> (2) Blood	<b>Testing</b> Aside from window period considerations: (check one) <input type="checkbox"/> (1) No further testing recommended <input type="checkbox"/> (2) Recommend further testing immediately <input type="checkbox"/> (3) Recommend returning for follow-up testing after specified time period <input type="checkbox"/> (4) Other (explain below)		
<b>Disclosure Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> m m / d d / y y <b>OR</b> <input type="checkbox"/> (1) No disclosure occurred for these results	<b>Client Action</b> Did client follow testing recommendation? (check one) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No (explain below) <input type="checkbox"/> (8) Don't know (explain below)		
<b>Notes:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

### Confirmatory Procedures – Brief Summary

- 1) Any reactive rapid HIV test must be confirmed via standard Western Blot or IFA. A blood sample is preferred, but an oral fluid sample is acceptable.
- 2) Discordant results (i.e., a preliminary positive rapid test result followed by a negative or inconclusive confirmatory test) should be resolved by an additional WB or IFA using blood.
- 3) Any client with HIV-2 risk factors and repeatedly discordant test results should be tested for HIV-2.

Please see OraQuick Rapid HIV Testing Guidelines and the OA March 15, 2006 letter for detailed information about confirmatory testing procedures, and/or contact the Office of AIDS for technical assistance.

**LAB SLIP #2 (Follow-up testing: Standard confirmatory OR Finger stick back-up)**

		Test(s) Performed	Result(s)		
<b>Unique Office of AIDS Client Number</b> <input type="text"/> <input type="text"/>		<input type="checkbox"/> OraQuick <input type="checkbox"/> EIA (HIV-1) <input type="checkbox"/> EIA (HIV- 2) <input type="checkbox"/> EIA (HIV-1/2) <input type="checkbox"/> IFA (HIV-1) <input type="checkbox"/> WB (HIV-1) <input type="checkbox"/> WB (HIV-2) <input type="checkbox"/> MultiSpot <input type="checkbox"/> (1) Other: _____	<input type="checkbox"/> (1) Preliminary Positive <input type="checkbox"/> (1) Reactive <input type="checkbox"/> (1) HIV-1 Reactive <input type="checkbox"/> (3) Reactive Undifferentiated <input type="checkbox"/> (1) Other result, specify: _____	<input type="checkbox"/> (2) Negative <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) HIV-2 Reactive <input type="checkbox"/> (4) Non-reactive	<input type="checkbox"/> (3) Invalid <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (3) Indeterminate
<b>Specimen Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m / d d / y y					
<b>Specimen Type:</b> <input type="checkbox"/> (1) Oral Fluid <input type="checkbox"/> (2) Blood					
		Disclosure Message	Testing	Client Action	
<b>Disclosure Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m / d d / y y		Aside from window period considerations: <i>(check one)</i> <input type="checkbox"/> (1) Client has HIV <input type="checkbox"/> (2) It is very likely client has HIV <input type="checkbox"/> (3) It is possible client has HIV <input type="checkbox"/> (4) It is unlikely client has HIV <input type="checkbox"/> (5) Client does NOT have HIV <input type="checkbox"/> (6) Client result was invalid <input type="checkbox"/> (7) Other <i>(explain below)</i>	Aside from window period considerations: <i>(check one)</i> <input type="checkbox"/> (1) No further testing recommended <input type="checkbox"/> (2) Recommend further testing immediately <input type="checkbox"/> (3) Recommend returning for follow-up testing after specified time period <input type="checkbox"/> (4) Other <i>(explain below)</i>	Did client follow testing recommendation? <i>(check one)</i> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <i>(explain below)</i> <input type="checkbox"/> (8) Don't know <i>(explain below)</i>	
<b>OR</b> <input type="checkbox"/> (1) No disclosure occurred for these results					
<b>Notes:</b>					

**LAB SLIP #3 (Further follow-up: Standard confirmatory OR HIV-2 testing)**

		Test(s) Performed	Result(s)		
<b>Unique Office of AIDS Client Number</b> <input type="text"/> <input type="text"/>		<input type="checkbox"/> OraQuick <input type="checkbox"/> EIA (HIV-1) <input type="checkbox"/> EIA (HIV- 2) <input type="checkbox"/> EIA (HIV-1/2) <input type="checkbox"/> IFA (HIV-1) <input type="checkbox"/> WB (HIV-1) <input type="checkbox"/> WB (HIV-2) <input type="checkbox"/> MultiSpot <input type="checkbox"/> (1) Other: _____	<input type="checkbox"/> (1) Preliminary Positive <input type="checkbox"/> (1) Reactive <input type="checkbox"/> (1) HIV-1 Reactive <input type="checkbox"/> (3) Reactive Undifferentiated <input type="checkbox"/> (1) Other result, specify: _____	<input type="checkbox"/> (2) Negative <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) Non-Reactive <input type="checkbox"/> (2) HIV-2 Reactive <input type="checkbox"/> (4) Non-reactive	<input type="checkbox"/> (3) Invalid <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (3) Indeterminate
<b>Specimen Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m / d d / y y					
<b>Specimen Type:</b> <input type="checkbox"/> (1) Oral Fluid <input type="checkbox"/> (2) Blood					
		Disclosure Message	Testing	Client Action	
<b>Disclosure Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m / d d / y y		Aside from window period considerations: <i>(check one)</i> <input type="checkbox"/> (1) Client has HIV <input type="checkbox"/> (2) It is very likely client has HIV <input type="checkbox"/> (3) It is possible client has HIV <input type="checkbox"/> (4) It is unlikely client has HIV <input type="checkbox"/> (5) Client does NOT have HIV <input type="checkbox"/> (6) Client result was invalid <input type="checkbox"/> (7) Other <i>(explain below)</i>	Aside from window period considerations: <i>(check one)</i> <input type="checkbox"/> (1) No further testing recommended <input type="checkbox"/> (2) Recommend further testing immediately <input type="checkbox"/> (3) Recommend returning for follow-up testing after specified time period <input type="checkbox"/> (4) Other <i>(explain below)</i>	Did client follow testing recommendation? <i>(check one)</i> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <i>(explain below)</i> <input type="checkbox"/> (8) Don't know <i>(explain below)</i>	
<b>OR</b> <input type="checkbox"/> (1) No disclosure occurred for these results					
<b>Notes:</b>					

## Section B: Invalid Rapid Test Result

Please describe why the rapid test result was invalid: *(check all that apply and explain below)*

- <sup>(1)</sup> Test kit was spilled
- <sup>(1)</sup> Test kit was conducted out of temperature range
- <sup>(1)</sup> Result read too early or too late
- <sup>(1)</sup> Test kit was expired
- <sup>(1)</sup> Forgot to insert a sample
- <sup>(1)</sup> Sample inserted, but no control line appeared
- <sup>(1)</sup> No valid controls/controls failed *(explain below)*
- <sup>(1)</sup> Test kit contamination *(explain below)*
- <sup>(1)</sup> Other reason – *(explain below)*
- <sup>(1)</sup> Reason unknown – please describe appearance of result window (e.g., line at T but not C, pink result window, etc.) *(explain below)*

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**Explain:**

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**Please describe what quality assurance follow-up procedures were conducted to resolve this problem and prevent it from reoccurring:**

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## Section D: Confirmatory Sample Not Submitted

**Please explain why no confirmatory sample was submitted:** *(check all that apply and explain below)*

<sup>(1)</sup> Client refused to submit sample *(explain below)*

*Please indicate why client declined to submit confirmatory sample. Did s/he indicate going to private doc for confirmatory testing? Already knew s/he was positive? Only testing for incentive? Please provide as much information as possible. .*

<sup>(1)</sup> Referred to another agency for confirmatory testing *(explain below)*

*Please indicate why confirmatory testing was referred to another agency.*

<sup>(1)</sup> Confirmatory test not offered *(explain below)*

*Please indicate why confirmatory testing was not offered to this client.*

<sup>(1)</sup> Other *(explain below)*

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**Explain:**

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## Section E: Confirmatory Test Result Not Disclosed

**Please describe why the final confirmatory result was not disclosed:** *(check all that apply and explain below)*

<sup>(1)</sup> No disclosure appointment made – why? *(explain below)*

*Please use the space below to indicate why no disclosure appointment was made.*

<sup>(1)</sup> Client did not keep final disclosure appointment – why? *(explain below)*

*Please use the space below to describe your impressions or gut feelings regarding the failure of this client to return for result disclosure – did you expect him or her to return? Did s/he indicate an intention to get confirmatory testing conducted elsewhere? Did the client already know s/he was infected? Please explain why you think this. Was any attempt made to follow-up? Please describe.*

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**Explain:**

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