

HIV C&T TESTING INCIDENT REPORT

Unique Office of AIDS Client Number							

This Testing Incident Report (TIR) is required for any of the HIV testing outcomes listed below that occur for an individual client. Multiple sections may be completed for a single client if necessary; however, each TIR should reflect testing incident(s) associated with a single client. Please check all that apply and complete **ONLY** the corresponding sections.

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 Matthew Willis at (916) 449-5797 / Matthew.Willis@cdph.ca.gov or the Office of AIDS at (916) 449-5900.

Data from this form must be entered into the LEO data collection system in order to complete any record for which a testing incident has occurred. Incomplete records are not included in reports.

Testing Incident

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

Unusual Testing Sequence (Complete section A)

Sequence of tests does not follow standard algorithm

Invalid Rapid Test Result (Complete section B)

Any invalid rapid test result, regardless of subsequent testing

Other (Complete section C)

Any other unusual testing event or outcome

Section A: Discordant or Inconclusive Results or Unusual Testing Sequence

Please copy 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 following questions for the disclosure session associated with the results from the lab slip: Indicate what Disclosure Message was provided to the client regarding the meaning of the results, what Testing Recommendation was made to the client, and the Client Action following the Testing Recommendation. If no disclosure session occurred for results on the lab slip, please check the box that says "No disclosure occurred for these results."

Continue completing the sections labeled "Lab Slip #2" "Lab Slip #3" etc. until all lab slips for the client have been entered in chronological order and all related disclosure information is completed.

LAB SLIP #1			
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
Specimen Date: <input type="text"/> / <input type="text"/> / <input type="text"/> m m / d d / y y	Disclosure Message 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>		
Specimen Type: <input type="checkbox"/> (1) Oral Fluid <input type="checkbox"/> (2) Blood	Testing Recommendation 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>		Client Action 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>
Disclosure Date: <input type="text"/> / <input type="text"/> / <input type="text"/> m m / d d / y y	Notes: _____ _____ _____ _____		
OR <input type="checkbox"/> (1) No disclosure occurred for these results			

Confirmatory Procedures – Brief Summary

- Any reactive rapid HIV test must be confirmed by standard Western Blot (WB) or IFA. A blood sample is preferred, but an oral fluid sample is acceptable.
- 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.
- 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. Guidance documents may be found at www.cdph.ca.gov/programs/AIDS

Section A (*continued – for Unusual Testing Sequences only*)

Please explain why this unusual sequence of tests was conducted:

Section B: Invalid Rapid Test Result

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

- ⁽¹⁾ Test kit was spilled
- ⁽¹⁾ Test kit was conducted out of temperature range
- ⁽¹⁾ Result read too early or too late
- ⁽¹⁾ Test kit was expired
- ⁽¹⁾ Forgot to insert a sample
- ⁽¹⁾ No control line
- ⁽¹⁾ Test or control line outside valid area (too high or too low)
- ⁽¹⁾ Test or control line did not extend across the window
- ⁽¹⁾ Other reason – *(explain below)*
- ⁽¹⁾ Reason unknown – please describe appearance of result window (e.g., line at T but not C, pink result window, etc.) *(explain below)*

Explain:

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