

**Expanded HIV Testing in Healthcare Settings  
Positive and Preliminary Positive Test Result Data Reporting Requirements  
for Entry in Local Evaluation Online (LEO)**

<b>ADMINISTRATIVE AND RECORD INFORMATION</b>		
<b>Variable Label</b>	<b>Definition</b>	<b>Value Label</b>
Unique client encounter number	<i>Unique non-identifying client encounter number</i> that 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.	
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.	

HIV test election	HIV test election indicates the client's informed decision whether to test under a confidential protocol where name and locating information were taken.	2=Tested confidentially
Intervention session date	Report the date when services were first initiated. This date is typically the same date as the <i>lab specimen collection date</i> for the first or only HIV test. This date may be the same date as the <i>disclosure session date</i> for rapid tests.	mm/dd/yyyy
Disclosure session date	Date the HIV test result was disclosed to client. If HIV negative results are disclosed by mail notification then the <i>disclosure session date</i> is the date of the notification. For rapid HIV tests the <i>disclosure session date</i> is usually the same date as the <i>intervention session date</i> unless the client requested to receive their HIV result on a different day. A HIV positive result disclosure may be provided at any point prior to the close of the fiscal year.	mm/dd/yyyy
Confirmatory disclosure date	Date client received result of confirmatory HIV antibody test for preliminary positive rapid HIV tests. This is usually after the <i>disclosure session date</i> unless multiple rapid testing algorithms are used. A HIV positive result confirmatory disclosure may be provided at any point prior to the close of the fiscal year.	mm/dd/yyyy
Reschedule attempt date	For follow-up contact with a confidential client who missed a scheduled HIV disclosure or confirmatory disclosure session. Indicate the date of attempt to reschedule a disclosure or confirmatory disclosure session	mm/dd/yyyy

	appointment. Contact may be in the form of a phone call, letter, or through street outreach.	
Reschedule attempt outcome	<p>Outcome of the reschedule attempt if the client did not return for their disclosure session.</p> <p>Select (1) <i>Unable to locate/contact</i> if an attempt was made but the client was not able to be located or contacted; (2) <i>Client declined notification</i> if client was contacted but has decided not to come in to receive their HIV test results; (3) <i>Obtained HIV results elsewhere</i> if client was able to get their HIV test results from another medical service venue; or (4) <i>Rescheduled but client did not return</i> if client was contacted and agreed to come in to receive their HIV test results but ultimately failed to return for a disclosure session.</p>	<p>1=Unable to locate/contact  2=Client declined notification  3=Obtained HIV results elsewhere  4=Rescheduled but client did not return</p>
<b>CLIENT DEMOGRAPHICS</b>		
Gender identity	<p>Indicate 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.</p>	<p>1=Male  2=Female  3=Transgender male to female  4=Transgender female to male  5=Other identity</p>
Gender identity specified	Specified other gender identity if client indicates (5) <i>Other identity</i> as their self-identified gender identity.	
Biological gender at birth <b>(optional)</b>	Client's biological gender at birth (e.g., gender noted on client's birth certificate). Indicate (1) <i>Male</i> for gender that produces spermatozoa by which female ova are fertilized,	<p>1=Male  2=Female  3=Intersex</p>

	(2) <i>Female</i> for gender that produces ova and can conceive and bear children, or (3) <i>Intersex</i> if client indicates their biological gender is such that sex chromosomes are inconsistent with physical characteristics or physical characteristics are not classifiable as either male or female.	
<b>Race / ethnicity</b>	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. If the client identifies with another group not listed then indicate (1) <i>Yes</i> for <i>Other race/ethnicity</i> and specify the race or ethnicity they identify with.	
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
Native Hawaiian / Pacific Islander race	Client is Native Hawaiian or Pacific Islander	1=Yes
Hispanic / Latino(a) race/ethnicity	Client is Hispanic/Latino(a)	1=Yes
White race	Client is White	1=Yes
Other race/ethnicity	Client identifies with a race/ethnicity different from those indicated above.	1=Yes
Other race/ethnicity specified	Specify other race/ethnicity if <i>Other race/ethnicity</i> is indicated.	
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 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
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
Homeless ( <i>optional</i> )	Indicates whether or not client is homeless. Select (1) Yes if client is currently homeless or (0) No if client is not currently homeless and lives in temporary or permanent shelter/housing.	1=Yes 0=No

Sexual orientation <b>(optional)</b>	Client's self-identified sexual orientation regardless of the client's reported sexual behavior. Some definitions and conceptions of sexual orientation may include sexual attraction, identity, lifestyle, partnership, and community. Sexual orientation may be fluid, changing within an individual over time, and felt differently by different individuals. Instead of imposing one definition of sexual orientation, clients should use their own definition of sexual orientation when answering this question. If client identifies with a sexual orientation not listed then select (4) <i>Other orientation</i> and specify their sexual orientation.	1=Heterosexual or straight 2=Bisexual 3=Gay, lesbian, queer, or same gender loving 4=Other orientation 5=Client doesn't know
Sexual orientation specified <b>(optional)</b>	Sexual orientation specified	
<b>Health insurance coverage</b>	Indicate 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 insurance 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
Medicare	Client is enrolled in Medicare program.	1=Yes
Military	Client receives health insurance through the military 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
Health insurance coverage specified	Specify health insurance if <i>Other public health insurance coverage</i> is indicated.	
<b>CLIENT HIV RISK FACTORS</b>		
<b>Sexual Behavior (past 12 months)</b>	Indicate whether or not client has had male, female, or transgender sex partners in the past 12 months. For each partner type, indicate the sexual activities that the client has engaged in for each partner type.	
Sex with men (past 12 months)	Client indicates having had sex with a man in the past 12 months. . Indicated the type of sex in the past 12 months below.	1=Yes 0=No 9=Client declined/refused
Vaginal receptive sex with male sex partner	Vaginal receptive sex with male sex partner. Client's male sex partner inserted their penis into the client's vagina.	1=Yes
Anal insertive sex with male sex partner	Anal insertive sex with male sex partner. Client inserted their penis into a male sex partner's anus.	1=Yes
Anal receptive sex with male sex partner	Anal receptive sex with male sex partner. Client's male sex partner inserted his penis into the client's anus.	1=Yes
Oral sex with male sex partner	Oral sex with male sex partner. Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.	1=Yes
Sex with women (past 12 months)	Client has had sex a woman in the past 12 months. Indicated the type of sex in the past 12 months below.	1=Yes 0=No 9=Client declined/refused

Vaginal insertive sex with female sex partner	Vaginal insertive sex with female sex partner. Client inserted their penis into a female sex partner's vagina.	1=Yes
Anal insertive sex with female sex partner	Anal insertive sex with female sex partner. Client inserted their penis into their female sex partner's anus.	1=Yes
Oral sex with female sex partner	Oral sex with female sex partner. Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.	1=Yes
Sex with transgender persons (past 12 months)	Client indicates having had sex with a transgender person in the past 12 months. Indicated the type of sex in the past 12 months below.	1=Yes 0=No 9=Client declined/refused
Vaginal sex with transgender sex partner	Vaginal sex with transgender sex partner. A transgender sex partner inserted their penis into the client's vagina or the client inserted their penis into a transgender sex partner's vagina.	1=Yes
Anal insertive sex with transgender sex partner	Anal insertive sex with transgender sex partner. A client inserted their penis into a transgender sex partner's anus.	1=Yes
Anal receptive sex with transgender sex partner	Anal receptive sex with transgender sex partner. Client's transgender sex partner inserted their penis into the client's anus.	1=Yes
Oral sex with transgender sex partner	Oral sex with transgender sex partner. Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.	1=Yes
Vaginal or anal sex without using a condom (past 12 months)	Indicate if client has had vaginal or anal sex without using a condom in past 12 months. Select (1) Yes if client reports having had vaginal or anal sex without using a condom in the past 12 months or (2) No if	1=Yes 0=No

	client reports always using condoms for vaginal or anal sex.	
Received money, drugs, or other items or services for sex (past 12 months)	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
Vaginal or anal sex with HIV-positive partners (past 12 months)	Record if client has had vaginal or anal sex with a HIV-positive sex partner in the past 12 months. If during the last 12 months client has had sex with someone they are reasonable sure or know is HIV positive then mark (1) Yes or if client has not had sex with someone they know is HIV positive mark (0) No.	1=Yes 0=No
Vaginal or anal sex with partners who inject drugs (past 12 months)	Indicate if client has had vaginal or anal sex in the past 12 months with partners who inject drugs. If during the last 12 months client has had sex with someone they are reasonable sure has injected drugs. Select (1) Yes or if the client has not had sex with a partner as described above mark (0) No.	1=Yes 0=No
Vaginal or anal sex with male partners known to have sex with a male (past 12 months)	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. Indicate (1) Yes if during the last 12 months a female client has had sex with a man who she is reasonable sure has had sex with another man or (0) No if during the last 12 months a female client has had sex with a man and is certain he has not had sex with	1=Yes 0=No

	another man.	
<b>Injection drug use (past 12 months)</b>		
Injected drugs (past 12 months)	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/refused
Shared syringes or injection equipment (past 12 months)	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
<b>Other HIV behavior or exposure risk (past 12 months)</b>		
Other HIV behavior or exposure risk (past 12 months)	Indicate (1) <i>Yes</i> if client reported any additional risk behaviors or exposures in the past 12 months not already captured and then specify the behavior or exposure. Select (0) <i>No</i> if client reports no other additional risk behaviors or exposures.  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	1=Yes 0=No

	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.	
Other HIV behavior or exposure risk specified	Specify other HIV behavior or exposure risk.	
<b>ENCOUNTER ACTIVITIES</b>		
Risk reduction counseling provided	Indicate if risk reduction counseling was provided to reduce client's risks of HIV exposure and/or transmission. If risk reduction counseling was provided mark (1) <i>Yes, counseling provided</i> ; if this service is not offered indicate (2) <i>No, service not offered</i> ; or if client was offered but declined or refused risk reduction counseling mark (3) <i>No, client declined/refused</i> . If risk reduction counseling is provided then indicated the date.	1=Yes, counseling provided 2=No, service not offered 3=No, client declined/refused
Date risk reduction counseling provided	Indicate the date when risk reduction counseling was provided.	mm/dd/yyyy
Risk reduction plan developed	Indicate if a risk reduction plan was developed to reduce client's risks of HIV exposure and/or transmission. If a risk reduction plan was developed mark (1) <i>Yes, plan developed</i> , if this service is not offered indicate (2) <i>No, service not offered</i> , or if client was offered but declined or refused to develop a risk reduction plan mark (3) <i>No, client declined/refused</i> .	1=Yes, plan developed 2=No, service not offered 3=No, client declined/refused
<b>FINAL HIV ANTIBODY TESTING RESULT</b>		

Final HIV test result	<p>Indicate client's final HIV test result. This is the final test result that is given to the client during the last disclosure session or would have been given to the client if the client does not return for the disclosure session.</p> <p>Select (1) <i>Negative</i> if the HIV test result(s) indicates HIV antibodies were not detected and the client is likely not infected with HIV; (2) <i>Positive</i> if the HIV test result(s) indicates HIV antibodies were detected and the client is likely infected with HIV; (3) <i>Preliminary Positive (no confirmatory sample taken)</i> if the results of a rapid HIV test were preliminary positive and the client did not provide a confirmatory sample; (4) <i>Inconclusive</i> if no conclusion may be drawn from the HIV tests regarding the client's HIV-status; (5) <i>Discordant</i> if a preliminary positive rapid HIV test result is followed by a negative or indeterminate confirmatory result; (6) <i>Invalid</i> for invalid rapid tests where the internal control line does not appear or the lines are not appropriately aligned in the result window; or (7) <i>Other result</i> for test results that do not fit into any of the above. Please specify other results.</p>	<p>1=Negative  2=Positive  3=Preliminary positive (no confirmatory sample)  4=Inconclusive  5=Discordant  6=Invalid  7=Other result</p>
Final HIV Test Result Specified	Specify other final test result if (7) <i>Other result</i> is selected under <i>Final HIV test result</i> .	
<b>HIV POSITIVE REFERRALS AND SERVICES</b>		
<b>HIV Positive Referrals</b>	Any client testing HIV positive or preliminary positive should receive appropriate referrals for further HIV evaluation and 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 services to address additional prevention service or treatment needs.	1=Yes 0=No
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
Did client attend first appointment	If referred to medical care indicate if client attended their first medical appointment. Indicate the date of the medical visit.	1=Yes 0=No 8=Don't know
Date of first appointment	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
Reason not referred to medical care	If not referred to medical care then indicate the reason why client was not referred to medical care.	1=Client already in care 2=Client declined care
Is client pregnant? ( <i>if client is female</i> )	If client is female, indicate whether or not the client self reports being pregnant.	1=Yes 0=No 8=Client doesn't know
Is pregnant female in prenatal care?	If client is pregnant then indicate if client is currently in prenatal care.	1=Yes 0=No

Referred to prenatal care	If client is pregnant and not in prenatal care then indicate whether or not they were referred to prenatal care.	1=Yes 0=No
<b>Partner Services (PS)</b>	<p>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>	
Partner services discussed/offered to client	Indicate if PS services were discussed and offered to client. Mark (1) <i>No, partner services not discussed</i> if PS was not discussed with client, (2) <i>Yes, client declined services</i> if PS was discussed with client, but client declined the services, (3) <i>Yes, partner services referred out</i> if PS was discussed with client and client was referred to another agency to receive the services, or (4) <i>Yes, activities this session</i> if PS was discussed with the client, and activities were provided during the current session.	1=No, partner services not discussed 2=Yes, client declined services 3=Yes, partner services referred out 4=Yes, activities this session

Date of partner services activities.	Indicate the date that partner services activities were initiated. If PS activities occurred during a <i>disclosure session</i> then this date is the same as the disclosure session. 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
<b>HIV TESTING HISTORY</b>		
HIV test before today	Indicate if client has been tested for HIV before the current visit. This does not including the test the client will be receiving during the current visit.	1=Yes 0=No 8=Client does not know 9=Client declined/refused
Most recent HIV result received	<p>If one or more prior HIV tests before today, indicate the most recent HIV result received. Indicate the result of the last HIV test for which the client actually received the result. If client has tested multiple times then indicate the most recent or last HIV test result received.</p> <p>Indicate (1) <i>Negative</i> if client has received a HIV negative test result; (2) <i>Positive</i> for confirmed positive standard or rapid HIV test; (3) <i>Preliminary positive</i> if the client received a preliminary positive rapid test result without receiving a confirmatory result; (4) <i>Inconclusive, discordant, invalid</i> if last HIV test result was discordant, inconclusive or invalid; (5) <i>Client does not know</i> if client does not remember the result of their last test; (6) <i>Never has received a result</i> if the client has never stayed or returned to receive the results of any HIV test; or (7) <i>Client declined/refused</i> if client declined</p>	1=Negative 2=Positive 3=Preliminary positive 4=Inconclusive, discordant, invalid 5=Client does not know 6=Never has received result 7=Client declined/refused

	or refused to disclose their last HIV test result.	
Date of last HIV test result received	Month and year of client's last test result received. 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/yyyy
<b>HIV INCIDENCE SURVEILLANCE</b>		
Number of HIV tests in past 2 years including today	Number of HIV tests in past 2 years including today	1-99
Ever test negative for HIV ( <i>lifetime history</i> )	Indicate if client has ever test negative for HIV in their lifetime.	1=Yes 0=No 7=Client declined/refused 9=Client doesn't know
Date of <u>last negative</u> HIV test	Date of <u>last negative</u> HIV test	mm/dd/yyyy
Taken any antiretroviral therapy (ART) medication in the last 6 months	Taken any antiretroviral therapy (ART) medication in the last 6 months	1=Yes 0=No 7=Client declined/refused 9=Client doesn't know
<u>First day</u> any ART(s) used	<u>First day</u> any ART(s) used	mm/dd/yyyy
<u>Last day</u> any ART(s) used	<u>Last day</u> any ART(s) used	mm/dd/yyyy
Date of first positive HIV test specimen	Date of first positive HIV test specimen	mm/dd/yyyy
Number of HIV tests (first positive and prior 2 years)	Number of HIV tests (first positive and prior 2 years)	1-99
<b>HIV ANTIBODY LABORATORY TESTING</b>		

<p>Unique client encounter number</p>	<p><i>Unique non-identifying client encounter number</i> that 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.</p>	
<p>Unique laboratory test number</p>	<p><i>Unique laboratory test number</i> is typically printed on the laboratory slip, laboratory report, or on stickers and uniquely identifies a specific lab test request. This may be the same number as the <i>unique client encounter number</i> if there is only one test or if this is the first in a series of tests.</p>	
<p>Lab slip sequence number</p>	<p>Indicates the sequence of testing here.</p> <p>If this is the first test in the sequence then this is "1." If there is a second or follow-up test to a previous result (e.g., a confirmatory test following a preliminary positive rapid test) then this is "2").</p> <p>This sequencing applies only to a series of related tests performed on a client to get a final result (e.g., a preliminary positive rapid test followed by a confirmatory test).</p>	<p>Sequential numbering starting with 1 and ranging to an unlimited number of tests.</p>
<p>Date specimen collected</p>	<p>Indicate the date when the lab specimen was collected. (This date is typically the same date as the <i>intervention session date</i> unless client returns for additional</p>	<p>mm/dd/yyyy</p>

	HIV antibody tests.)	
HIV test type	Rapid or conventional HIV antibody test type. If a RNA (polymerase chain reaction (PCR)) HIV test is preformed then select conventional HIV test.	1 = Rapid HIV test 2 = Conventional HIV test
<b>Rapid Testing Only</b>		
Rapid HIV test specimen	Type of specimen collected for the rapid test (oral fluid, blood finger stick, or blood collected through venipuncture).	1 = Oral fluid 2 = Finger stick 3 = Venipuncture
Rapid test result	Result of the rapid HIV antibody test.	1 = Preliminary positive 2 = Negative 3 = Invalid
Confirmatory specimen given (for preliminary positive Rapid tests)	Indicate whether or not a confirmatory specimen was collected for clients with preliminary positive results.	1 = Yes 0 = No
<b>Conventional Testing Only</b>		
Conventional HIV test specimen	Type of specimen collected for the conventional test (oral fluid, blood finger stick, or blood collected through venipuncture).	1 = Oral fluid 2 = Finger stick 3 = Venipuncture
Summary interpretation of conventional HIV test	Laboratory summary interpretation of HIV antibody tests preformed which provides additional confirmation of test results. Report (1) <i>HIV antibody detected</i> if client is infected with HIV-1, (2) <i>HIV-2 antibody detected</i> if a HIV-2 infection is indicated, (3) <i>No HIV antibody detected</i> if client is not infected with HIV, or (4) <i>Inconclusive-submit another specimen</i> if no conclusion may be drawn regarding the client's HIV-status and another specimen is needed for follow-up testing.	1 = HIV antibody detected 2 = HIV-2 antibody detected 3 = No HIV antibody detected 4 = Inconclusive-submit another specimen