LABORATORY REPORT OF POSITIVE TESTS FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)

NAME OF LABORATORY: _____

Address: _____

_____

Period Covered:
(DATE) From: _____ To: _____

Number of Test Performed: _____

Number of Positives: _____

REPORTABLE TESTS:

1. EIA
2. EIA and Western Blot
3. Western Blot
4. Other Test (Give name)

CHAPTER 64, SERIES 64
LEGISLATIVE RULES OF THE DIRECTOR OF HEALTH
EFFECTIVE SEPTEMBER 1, 1998

Supervisors of all laboratories in WV that perform serologic or other test for or related to the Human Immunodeficiency Virus shall make a report of all positive HIV related examinations to the Administrator of the Division of Health.

Name/Code of Patient	Age	Sex	Race	Address of Patient	Date	Test	Result	Name & Address of Physician

Reports of the above name laboratory test shall be submitted on this form on the 1st and 15th of each month. If no reportable tests are performed during any reporting period, this form so stating shall be submitted by the supervisor of the laboratory. This report is to be forwarded confidentially to the WVDHHR, AIDS Program, 350 Capitol Street, Room 125, Charleston, WV 25301-3715, under the laboratory supervisor's signature.

Check for Additional Forms ❑

_____
Signature of Laboratory Supervisor

AIDS PREVENTION: 1-800-642-8244

"This information has been disclosed to you from records whose confidentiality is protected by State law. State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose."

West Virginia Code 16-3C-3(c)
West Virginia Rules 64-64-6