CLEARVIEW® COMPLETE RAPID HIV TEST RESULT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 59122 (10-09)

This form should be used to document HIV test results when using the Clearview® Complete rapid HIV test.

Facility Information

Facility Name	Telephone Number	First Name of HIV Counselor

Client Information

Last Name	First Name	Sex	Date of Birth
		☐ Male ☐ Female	

Clearview® Complete Rapid HIV Test Results

☐ Negative (Nonreactive)	Date

☐ Preliminary Positive (Reactive)

☐ Scheduled return for confirmatory test results Date: _____ Time: _____

☐ Fax a copy of the preliminary positive test result to the HIV Program, confidential fax at 701.328.0356

Client's Signature

_____ _____
Signature Date of Signature

Notes