



HIV SEROLOGY
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 16486 (Rev. 05-2004) TELEPHONE (701) 328-6272

NOTICE: Free, confidential HIV testing is made available through funding from the Centers for Disease Control and Prevention and is contingent upon this surveillance data. Therefore, it is imperative to complete this form in its entirety.

Patient's Name (Last)										(First)										(MI)	
Patient's Address										Date of Birth					Sex 1-M <input type="checkbox"/> 2-F <input type="checkbox"/>					Previously Tested? NO YES When? ___/___/___ Where? ___/___ (State) (County)	
City					State					Zip Code											
Telephone Number					Date Collected																
ENTER YOUR ASSIGNED IDENTIFICATION CODE:																					
Physician's Name (Last, First)					Specimen Drawn By					RACE <input type="checkbox"/> 1 - American Indian/Alaskan Native <input type="checkbox"/> 2 - Asian <input type="checkbox"/> 3 - Black or African American <input type="checkbox"/> 4 - Native Hawaiian/Pacific Islander <input type="checkbox"/> 5 - White					Source of Specimen: (Specify Type) <input type="checkbox"/> Serum <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Other _____						
Facility					Telephone Number																
Address										ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic											
City			State			Zip Code															
REASON FOR TEST (Must check at least one) <input type="checkbox"/> 1 Symptomatic for HIV <input type="checkbox"/> 8 TB related <input type="checkbox"/> 2 Client referral <input type="checkbox"/> 9 Court ordered <input type="checkbox"/> 3 Provider referral <input type="checkbox"/> 10 Immigration/travel req. <input type="checkbox"/> 4 STD related <input type="checkbox"/> 11 Occupational exposure <input type="checkbox"/> 5 Drug treatment related <input type="checkbox"/> 12 Retest <input type="checkbox"/> 6 Family planning related <input type="checkbox"/> 13 Requesting HIV Test <input type="checkbox"/> 7 Prenatal/OB related <input type="checkbox"/> 14 Other										RISK BEHAVIORS (Check all that apply) <input type="checkbox"/> 1- Sex with a man. <input type="checkbox"/> 2- Sex with a woman. <input type="checkbox"/> 3- Injection drug use. <input type="checkbox"/> 4- Sex with HIV + person. <input type="checkbox"/> 5- Sex with IDU. <input type="checkbox"/> 6- Sex with MSM. <input type="checkbox"/> 7- Sex in exchange for money/drugs. <input type="checkbox"/> 8- Current STD diagnosis. <input type="checkbox"/> 9- Child of HIV - infected woman. <input type="checkbox"/> 10- Other.											

● FOR LABORATORY USE ●