



Facility Information

Facility Name	Telephone Number
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Client Information

Last Name	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
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ChemBio SURE CHECK® HIV 1/2 Rapid Assay Results

<input type="checkbox"/> Negative (Nonreactive)	Collection Date
<input type="checkbox"/> Preliminary Positive (Reactive)	
<input type="checkbox"/> Scheduled Return for Confirmatory Test Results Date: _____ Time: _____	

Confirmatory HIV Test Results

<input type="checkbox"/> Negative (Nonreactive)	<input type="checkbox"/> Positive (Reactive)	Collection Date
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OraQuick® HCV Rapid Antibody Test Results

<input type="checkbox"/> Negative (Nonreactive)	Collection Date
<input type="checkbox"/> Preliminary Positive (Reactive)	
<input type="checkbox"/> Scheduled Return for Confirmatory Test Results Date: _____ Time: _____	

Confirmatory HCV - Hepatitis C Antibody Test Results

<input type="checkbox"/> Negative (Nonreactive)	<input type="checkbox"/> Positive (Reactive)	Collection Date
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Confirmatory HCV - Hepatitis C RNA Test Results

<input type="checkbox"/> Negative (Nonreactive)	<input type="checkbox"/> Positive (Reactive)	Collection Date
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Counselor's Signature

_____ Signature	_____ Date of Signature
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Client's Signature

_____ Signature	_____ Date of Signature
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Notes
