Request for HIV Confirmatory testing from the Reference Laboratory of the National STD/AIDS Control Programme

(VERSION: 7.4.2017)

Instructions: To be completed by referring doctor/healthcare worker at the time of requesting HIV confirmatory test from the reference laboratory of the National STD/AIDS Control Programme, No. 29, De Saram Place, Colombo 10, Sri Lanka.

Patient should be informed that all questions contained in this questionnaire are strictly confidential and will become part of their medical record)

Part I: TO BE FILLED BY THE REFERENCE LABORATRY

Date of Receipt

☐☐/☐☐/☐☐☐☐
Day Month Year

Date of Confirmation

☐☐/☐☐/☐☐☐☐
Day Month Year

PART II – TESTING DETAILS AND DEMOGRAPHIC INFORMATION

PATIENT/CLIENT IDENTIFICATION INFORMATION

If STD clinic patient fill A, otherwise fill B

1A. STD Clinic Registration Number (For STD Clinic Clients)

☐/☐☐☐☐/☐☐/☐☐
Gender Sequential No Year Clinic Code

1B. Sample Details

Institute/Hospital : _____

Ward/ Clinic :_____

BHT/ Clinic No :_____

HIV SCREENING TEST DETAILS

2. Type of Screening Test

☐ a. ELISA Test

☐ b. Particle Agglutination Test

☐ c. Rapid Diagnostic Test

☐ d. Other _____

3. Date of Screening Test:

☐☐/☐☐/☐☐☐☐
Day Month Year

HIV TESTING HISTORY

4. Has patient/client ever been tested for HIV previously

☐ a. If Yes (date of last negative test) ☐☐/☐☐/☐☐☐☐ ☐ b. No ☐ c. Not Known
Day Month Year

DEMOGRAPHIC INFORMATION

5. Name and address of Patient/Client

Name : _____

Address : _____

_____

6. Gender

☐ M ☐ F

☐ Other

7. Date of Birth

☐☐/☐☐/☐☐☐☐
Day Month Year

8. Marital status ☐ a. Single/Never Married ☐ b. Currently Married & Living with spouse ☐ Living Together ☐ c. Widow/Sep./Divor.

9. Occupation ☐ a. Unemployed ☐ b. Student ☐ c. Employed as: _____ ☐ d. NA

10. District of Residence:

11 Nationality ☐ a. Sri Lanka ☐ b. Other (specify)

_____

12. Ethnicity ☐ a. Sinhalese ☐ b. Tamil ☐ c. Moore ☐ d. Other (specify) _____ ☐ e. Not Sri Lankan

13. Reason for HIV Testing (More than one option possible)

☐ a. Voluntary Testing	☐ e. Accompanied by NGO outreach worker or peer	☐ i. Visa Screening	☐ m. Screening as part of a Survey
☐ b. STD Screening	☐ f. Partner/spouse or family member diagnosed	☐ j. Foreign Job Screening	☐ n. TB clinic screening
☐ c. Provider Initiated Testing (asymptomatic)	☐ g. Blood Donor Screening	☐ k. Screening for Legal/Insurance purposes	☐ o. Prison
☐ d. Clinical symptoms suggestive of HIV	☐ h. ANC Screening	☐ l. Screening before Medical/Surgical Procedure	☐ p. Other (Specify):

14. Clinical status at the time of diagnosis/testing ☐ a. Asymptomatic ☐ b. Symptomatic HIV ☐ c. AIDS

PART III:INFORMATION ON EXPOSURE TO HIV

15. Sexual Exposure (Multiple Responses Possible

☐ a. Sexual Contact with Regular Partner of Opposite Sex

☐ b. Sexual Contact with Non-Regular Partner of Opposite Sex

☐ c. Sexual Contact with Person of Same Sex

☐ d. Sexual Contact with Both Sexes

☐ e. No Sexual Contact

16. Ever sold sex to clients

☐ a. Yes

☐ b. No

17. Ever bought sex from a sex worker

☐ a. Yes

☐ b. No

18. Ever gone abroad?

☐ **a. Yes, countries: _____**

☐ **b. No**

19. Ever had sex with a foreigner? (In Sri Lanka or abroad)

☐ a. Yes

☐ b. No

☐ c. Not Applicable (Foreign Nationality)

20. History of Blood Exposure

☐ a. No

☐ b. Injecting Drug Use

☐ c. Receipt of Blood/Tissue/Organ/Sperm Specify year: ☐☐☐☐

☐ d. Needle stick injury/mucosal splash Specify year: ☐☐☐☐

21. Acquired from mother to child transmission

☐ a. No

☐ b. Yes

☐ c. Not Known

INFORMATION ABOUT SPOUSE/LIVE-IN PARTNER EXPOSURE TO HIV

22. HIV status of spouse

☐ a. Positive

☐ b. Negative

☐ c. Not Known

☐ d. Not Applicable

23. Has spouse ever gone abroad?

☐ a. Yes, countries _____

☐ b. No

☐ c. Not Known

☐ d. Not Applicable

24. Risk factors for HIV in spouse

☐ a. None ☐ b. MSM ☐ c. Sex Worker (now or former) ☐ d. Multiple Sex Partners

☐ e. Injecting drug user (now or former) ☐ f. Not Known ☐ g. Not Applicable

DETAILS OF THE REFEREING DOCTOR/HEALTHCARE WORKER

A. Name : _____

B. Signature : _____

C. Designation : _____

D. Institution : _____

E. Telephone No.: _____

F. Date : _____