

**Manitoba Health and Healthy Living
HIV Case Report Form for Rapid HIV Testing**



This form should be used for all patients who have refused to have a confirmatory standard HIV test following a reactive point of care rapid HIV test result.

DO NOT USE THIS FORM FOR ANONYMOUS TESTING

Submission Date (YYYY/MM/DD) _____

THIS SECTION TO BE COMPLETED FOR NON-NOMINAL TEST RESULTS ONLY

Non-Nominal Testing

Non-Nominal HIV Code _____ Sex: M F Transgender

-----**OR**-----

THIS SECTION TO BE COMPLETED FOR NOMINAL TEST RESULTS ONLY

Nominal Testing

Surname _____ Given Name _____

PHIN (9 digits) _____ Sex M F Transgender

MHSC Number (6 digits) _____ Birth Date (YYYY/MM/DD) _____

Street Address _____ City/Town _____ Province _____ Postal Code _____

Alternate Locating Information _____ Telephone (home/work/cell) _____

Practitioner's Name: _____
Print Practitioner's name

Practitioner's Signature: _____ Date: _____(YYYY/MM/DD)

Clinic: _____ Results: Reactive Other

**Fax to: Manitoba Health and Healthy Living
Public Health Notifiable Disease Surveillance System**
Public Health Division, Manitoba Health and Healthy Living
4th floor – 300 Carlton Street
Winnipeg, Manitoba R3B 3M9
CONFIDENTIAL FAX: 204-948-3044
Telephone: Public Health Disease Surveillance System (204-788-6736)