

Pre-Test Counseling					
Discuss HIV POC Test: Y 🔲 N 🗐					
Discuss Window Period: Y 🔲 N 🗐					
Discuss HIV Reporting of new positive cases and nominal vs. non nominal ID options: Y $\square$ N $\square$					
Discuss HIV Transmission Education: Y 🔲 N 🗐					
Discuss Preparedness To Test: Y 🔲 N 🔲					
( If risks identified after an unexpected test result, DO NOT test and refer to Stop Nurse )					
LAST HIV TEST					
Never	Less than 3 Months	3 Months - 6 Months	6 months - 1 yea	r More than 1 year	
*Name:					
(First & Last Name) * if name not provided get initials					
Initials:					
(Minnie Ann Mouse = Minnie, MAM) DOB:					
Gender: M G F T G					
Residence:					
(full address, residential building & unit #, typical hangout or sleeping location, postal code)					
Test Lot #: Expiry Date of Test:					
Site:	Tester: Date:				
POC TEST RESULT					
Positive	Negative		erminate	Invalid	
	Negative	145-1610-17	epeat test,	* Repeat test,	
		see	other side	see other side	
Escorted to Nursing Station/Clinic: Y 🔲 N 🗐					
Stop Team Called To Schedule Appt: Y 🔲 N 🗐					

Notes/Comments:				
Second POC Test Result: Positive Negative Indeterminate Invalid Invalid * see below * see below				
Escorted to Nursing Station/Clinic: Y 🔍 N				
Stop Team Called To Schedule Appt: Y 🔲 N 🗐				
** IF THE SECOND TEST IS AGAIN INDETERMINATE OR INVALID PARTICIPANT MUST BE WALKED OVER TO NURSE'S STATION FOR BLOODWORK. IF TEST IS POSITIVE OR NEGATIVE REFER TO WORK FLOW CHART**				
Clinics				
The Portland Clinic: 20 West Hastings – (604) 683-0073 ext. 354				
Pender CHC: 59 W. Pender – (604) 669-9181				
Downtown CHC: 569 Powell - (604) 255-3151				
Vancouver Native Health: 449 East Hastings Street - (604) 255-9766				
InSite: 139 East Hastings Street – (604) 687-7483 ext. O				
Contact				
Status Team – 1-855-900-TEST (8378)				
Stop Aids Team – 604-838-1331				