



HPTN 052 (096)

PHT-1 (345)

Visit Code [ ][ ][ ] . [ ]

Partner ID

Site Number [ ][ ][ ] - Index Number [ ][ ][ ] - Partner [ ][ ] - Chk [ ]

Partner HIV Test Results

Instructions: Complete this form at each quarterly and yearly visit, and as clinically needed.

Specimen #1 Collection Date

dd [ ][ ] MMM [ ][ ][ ] yy [ ][ ]

1a. HIV EIA (rapid or standard)

1a1. Type of test:

rapid [ ] standard [ ]  
negative [ ] positive [ ]

1a2. Result:

[ ] [ ]

If negative, go to item 4.

1a3. Second EIA Rapid Result  
Complete 1a3 only if required  
by in-country regulations.

[ ] [ ]

If both 1a2 and 1a3 are  
negative, go to item 4.

1b. Confirmatory HIV Western Blot or IFA

1b1. Type of test:

WB [ ] IFA [ ]

1b2. Result:

negative [ ] positive [ ] indeterminate [ ]

If negative, go to item 4.

Specimen #2 Collection Date

dd [ ][ ] MMM [ ][ ][ ] yy [ ][ ]

2. HIV Western Blot or IFA

2a. Type of test:

WB [ ] IFA [ ]

2b. Result:

negative [ ] positive [ ] indeterminate [ ]

If positive, go to  
item 4.

Specimen #3 Collection Date

dd [ ][ ] MMM [ ][ ][ ] yy [ ][ ]

3. HIV Western Blot or IFA

3a. Type of test:

WB [ ] IFA [ ]

3b. Result:

negative [ ] positive [ ] indeterminate [ ]

4. Final test results

4a. Was test result determined  
by Central Lab?

negative [ ] positive [ ]  
yes [ ] no [ ]

If negative or  
indeterminate, consult  
the HPTN Central Lab  
and record Central Lab  
decision in item 4.

Comments: \_\_\_\_\_

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## **Partner HIV Test Results (PHT-1)**

Record test results on this form as they become available from the local lab. Fax this form to SCHARP Data-Fax when the final test results are available and recorded.