PTID ptid - - - -

# Follow-up HIV Test Results (A1)

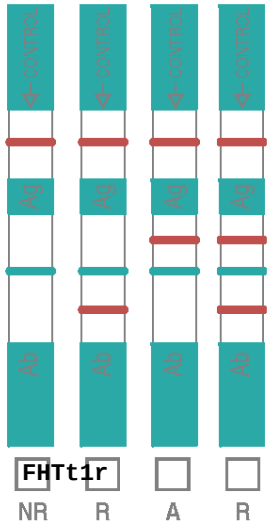
Specimen Collection Date FHTscdt dd MMM yy

Staff ID: FHTstid Team ID: FHTtmid

## 1. Test #1: Determine 4th Generation

Lot No. _____ Exp. Date _____

Mark **one** box indicating the results from the Determine test strip:




HTRt1i If test is invalid (no control line), **mark box** and **repeat** Determine Test.

**Valid Determine Test Results**

1. If **NR**, **STOP** and record as **NR** in Sample Test Result and Participant Result sections. No further testing is required.
2. If **R** or **A**, test blood sample with Unigold test.

## 2. Specimen Collection/Storage

Was a 9ml tube of blood fully or partially collected? *yes* *no* FHT9col1

## 3. Test #2: Unigold

Lot No. _____ Exp. Date _____

Mark the box indicating the result from the Unigold test strip:

FHTt2r ☐ REACTIVE (R)

☐ NON-REACTIVE (**NR**)

If Valid Unigold Results, record in both Sample Test Result and Participant Result sections.

## Test Results Interpretation

1. Determine Test = **R** and Unigold Test = **R:** Record **R** in both Sample Test Result and Participant Result sections.
2. Determine Test = **R** and Unigold Test = **NR**: Record as **IND** in both Sample Test Result and Participant Result sections
3. Determine Test = **A** and Unigold Test = **R**: Record as **IND** in both Sample Test Result and Participant Result sections
4. Determine Test = **A** and Unigold Test = **NR**: Record as **A** in Sample Test Result section and **IND** in Participant Result section.

### *4. Sample Test Result*

*Mark box and record on Sample Tube Label.*

FHTstr ☐ (Determine = **R** and Unigold = **R**)

☐ **NR** (Determine **NR** only)

☐ **IND** (Determine = **R** and Unigold = **NR** *or* Determine = **A** and Unigold = **R**)

☐ **A** (Determine = **A** and Unigold = **NR**)

### *5. Participant Result*

FHTprr ☐ NR

☐ R

☐ IND (IND or A)*

** In both cases, counsel as indeterminate result.*

### *6. Were the results given to the participant?*

FHTprg ☐ Yes

☐ No, participant refused

☐ No, other: FHTprgo _____

*7. If the participant is HIV-positive, provide the name of the nearest health facility, recommend that the participant go to that facility for care and treatment, and record the referral number:* A FHTref

*If conducting a follow-up interview, return to the Short-term Follow-up (A1) CRF.*

formlang Language