



## PVDOMICS STUDY

### Clinical Center HIV Antigen/Antibody Screen

### Results Form # 203

**Instructions:** One test result per participant is expected.

- If participant has a previously positive HIV screen, that result is acceptable and there is no need to repeat the screen.
- If participant has a previously negative HIV screen completed within the past year, that result is acceptable and there is no need to repeat the screen.

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1. Identification Number

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2. Alphacode

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3. Date of HIV screen blood collected (mm/dd/yyyy)

4. Historical data used? (0=No, 1=Yes) ..... \_\_\_\_\_

5. Results of HIV test (0= Nonreactive/negative, 1= Reactive/positive) ..... \_\_\_\_\_

200. Date form completed (mm/dd/yyyy) ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

201. Username of person completing/reviewing completeness of this form..... \_\_\_\_\_

#### Clinical Center Use Only

Date form entered (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Username of person entering this form \_\_\_\_\_