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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	y <u>negative</u> HIV sci	reen completed within the past year, that result is
acceptable and there is no nee	ed to repeat the sc	reen.
1. Identification Number	2. Alphacode	3. Date of HIV screen blood collected (mm/dd/yyyy)
4. Historical data used? (0=No, 1=Ye	es)	<u>-</u>
5 Results of HIV test (0- Nonreactive	a/negative 1- Reactive	ve/positive)
7. Results of the test (0- fromeactive	//ilegative, 1- iveactiv	/c/positive/
200. Date form completed (mm/dd/yyyy	·)	
201 Username of person completing/re	eviewing completer	ness of this form
201. Oscinaine of person completing re	wiewing completen	less of this form
Clinical Center Use Only		
Date form entered (mm/dd/yyy	/y)//	- <u></u>
Username of person entering	this form	
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