

Fax two (2) pages, to fax 204-948-3044

Submission Date: \_\_\_\_\_(YYYY/MM/DD)

**MANITOBA HEALTH, SENIORS AND ACTIVE LIVING SURVEILLANCE SYSTEM  
WITH THIS FAXED FORM, I WISH TO REPORT A POSITIVE ANONYMOUS HIV TEST RESULT.  
ANONYMOUS HIV TEST CODE: \_\_\_\_\_**

**Attach positive anonymous test laboratory report**

As per the anonymous testing protocol, this is the only information I have available to me. I understand that each positive HIV test should be accompanied with appropriate post-test counseling and appropriate contact follow-up. I have educated the client regarding the need for HIV care and treatment through a physician knowledgeable in HIV and/or the Manitoba HIV Program.

- Post-test counseling has been completed
- Appropriate contact information has been collected (an individual contact form is required for each contact)
- Client has been strongly encouraged to receive nominal or non-nominal HIV testing to facilitate referral to a physician knowledgeable in HIV and/or the Manitoba HIV Program
- Client has consented to a future nominal or non-nominal HIV test
- Client has been encouraged to seek appropriate follow-up care and/or a referral to an HIV specialist or the Manitoba HIV Program has been completed

Name: \_\_\_\_\_  
Practitioner's Name (PRINT)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_(YYYY/MM/DD)  
Practitioner's Signature

