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