

**Manitoba Health, Seniors and Active Living  
HIV Case Report Form for Rapid HIV Testing**



This form should be used for all patients who have refused to have a confirmatory standard HIV test following a reactive point of care rapid HIV test result.

**DO NOT USE THIS FORM FOR ANONYMOUS TESTING**

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

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**THIS SECTION TO BE COMPLETED FOR NON-NOMINAL TEST RESULTS ONLY**

**Non-Nominal Testing**

Non-Nominal HIV Code \_\_\_\_\_ Sex:  M  F  Transgender

-----**OR**-----

**THIS SECTION TO BE COMPLETED FOR NOMINAL TEST RESULTS ONLY**

**Nominal Testing**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

PHIN (9 digits) \_\_\_\_\_ Sex  M  F  Transgender

MHSC Number (6 digits) \_\_\_\_\_ Birth Date (YYYY/MM/DD) \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Alternate Locating Information \_\_\_\_\_ Telephone (home/work/cell) \_\_\_\_\_

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**Practitioner's Name:** \_\_\_\_\_  
Print Practitioner's name

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

Clinic: \_\_\_\_\_ **Results:**  **Reactive**  **Other**

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