



Health & Human Services

## HIV and HCV TEST RESULTS

North Dakota Department of Health  
Division of Sexually Transmitted and Bloodborne Diseases  
SFN 59122 (Rev. 07/2021)

### Facility Information

Facility Name:	Telephone Number:
----------------	-------------------

### Client Information

Last Name:	First Name:
Date of Birth:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender <input type="checkbox"/> Another Gender

### ChemBio SURE CHECK® Rapid HIV Test Results

<input type="checkbox"/> Negative (Nonreactive)	Collection Date:
<input type="checkbox"/> Preliminary Positive (Reactive)	
<input type="checkbox"/> Scheduled return for confirmatory test results      Date: _____      Time: _____	

### OraSure OraQuick® Rapid HCV Test Results

<input type="checkbox"/> Negative (Nonreactive)	Collection Date:
<input type="checkbox"/> Preliminary Positive (Reactive)	
<input type="checkbox"/> Scheduled return for confirmatory test results      Date: _____      Time: _____	

### Confirmatory HIV Test Results

<input type="checkbox"/> Negative (Nonreactive)	<input type="checkbox"/> Positive (Reactive)	Collection Date:
---	--	------------------

### Confirmatory HCV - Hepatitis C Antibody Test Results

<input type="checkbox"/> Negative (Nonreactive)	<input type="checkbox"/> Positive (Reactive)	Collection Date:
---	--	------------------

### Confirmatory HCV - Hepatitis C RNA Test Results

<input type="checkbox"/> Negative (Nonreactive)	<input type="checkbox"/> Positive (Reactive)	Collection Date:
---	--	------------------

☐ Counselor: Check this box if client received a copy of this test result form.

### Counselor's Signature

_____ Signature	_____ Date of Signature
--------------------	----------------------------

### Client's Signature

_____ Signature	_____ Date of Signature
--------------------	----------------------------

### Notes

--