Rapid HIV Antibody Test Request

Patient Information

Personal Health #	Alternate Identifier	☐ Male ☐ Female	Date of Birth *(yyyy-Mon-dd)*
Last Name	First Name	Middle Initial	Location
Address	City	Province	Postal Code	Phone

Physician Information

Ordering Physician/Practitioner *(Full Name)*	Physician Code	Phone/Pager Number
Ordering Address/Location		Report Location Code
Copy to Full Name and Complete Address		

Collection Information

Collection Date *(yyyy-Mon-dd)*	Collection Time *(hh:mm)*	Collected by	Collection Location

Reason for Testing

☐ HIVR – Rapid HIV required STAT. HIV status is **UNKNOWN**. Check appropriate reason for testing:

    ☐ Source patient of blood or body fluid exposure
    ☐ Female in labour and delivery with no recent HIV testing and ongoing risk behaviours
    ☐ Acutely ill patient with HIV in the differential diagnosis
    ☐ Person with HIV high risk behaviours, unlikely to return for results
    ☐ Other *(specify reason)* _____

Results will be available in Alberta Netcare if the source ULI/PHN has been provided.

Lab Use Only

Lab Accession Number	Testing Location	Notification of exposure results to *(specify)* _____ ☐ Phone comment entered in LIS
Rapid HIV Antibody Result ☐ Non-Reactive ☐ Reactive ☐ Invalid ☐ Indeterminate	Tech Initials	Sample forwarded to ProvLab for confirmatory testing? ☐ Yes ☐ No - not required

For Laboratory hours of operation and contact information please go to *www.albertahealthservices.ca*