PATIENT INFORMATION			WASHINGTON STATE		HEALTH DEPARTMENT USE ONLY					
Patient Name ¹ (Last, First, Middle):						□ HIV □ AIDS Stateno:				
				CONFIDENTIAL HIV/AID	S		, ,	L AIDO	_	
AKA (Nickname, Previous Las	t Names, etc.)			ADULT CASE REPORT	<u>-</u>	Date:	_//_		Source: _	
Phone #:	Conial Con					□ New	case	□ Progression	on 🗆 Upda	ate, no status chai
Pnone #:	Social Secu	urity #:		HI	V DIAGNO	STIC TES	TS			
Email:				- 111	V DIAGNO	OTIC ILS	13	Resul	t (check one p	er row)
2.776.17				Type of Test						
Current Street Address:				At least 2 antibody tests must be indicated	Colle	ection	Rapid	`o 0	nate	e /
- 5.1.5.1. 5.1.50(/Mai/600).				for an HIV diagnosis		date		Positive/ Reactive	ndeterminate	Negative / Non-Reactive
City: Zip Code:		□ Alive	IA = Immunoassay				Po	ndete	Neç Ion-l	
			□ Dead	IA = IIIIIIuiloassay					<u> </u>	Z
Birthdate (mm/dd/yyyy)	ate (mm/dd/yyyy) Death date (mm/dd/yyyy)		State of death:	Loot Nogative Test (prior to LIV/ diagnosis)						
/ /	/ /			Last Negative Test (prior to HIV diagnosis)	/	/				
Sex at birth: Current gend	der identity:	Ethnicity	y:	HIV-1/2 Ag/Ab Lab IA (4 th Gen)						
	Male to Female	☐ Hispa		TIIV-1/2 Ag/Ab Lab IA (4 GeII)	/	/				
	Female to Male Race (check all that ap	□ Not H	rispanic	HIV-1/2 EIA IA (2 nd or 3 rd Gen)						
☐ Married ☐ Divorced	☐ White ☐ Native Ha	awaiian/Pac		1110 1/2 2 1/10 (2 01 0 001)	/					
☐ Widowed ☐ Never ☐ Unknown married	☐ Black ☐ American ☐ Asian	n Indian/Ala	iska Native	HIV1/HIV2 Type Differentiating IA				☐ HIV-1 ☐ HIV-2	☐ HIV-1 ☐ HIV-2	☐ HIV-1 ☐ HIV-2
LI OTIKITOWIT ITIATTIEU	LI Asian			Geenius	/	/		□ Undiff		
Country of birth: ☐ U.S. ☐ 0	Other:			HIV-1 Western Blot						
If other, date of entry into U.S.	. / /			THE TWO SOME DISC	/	_/				
ii other, date or entry into 0.5.	·/			HIV-1 RNA/DNA Qualitative NAAT						
Language: ☐ English ☐	Other:				/					
Was the patient dx in another	state? ☐ Yes ☐ No	lo		OTHER:	,	,				
If yes, specify state:					<u> </u>			L		
Residence at time of diagnosis	if different than current	nt address:		If HIV lab tests were NOT documented, is HIV diagno	osis confirmed	by a clinical	care provid	er?		
Medical Record # / Patient Co	de.			☐ Yes → Date of documentation by care prover	rider:	_//_				
Wedical Record #71 alient 60	uc.			□ Unknown						
Name & City of facility of diagr	nosis:				HIVCAR	RE TESTS ⁴				
☐ Outpatient diagnosis²	☐ Inpatient diagnosis²			HIV VIRAL LOAD TESTS	TIIV CAI	C ILOIO		CD4 LEVELS	3	
Li Outpationi diagnosis	inpatient diagnosis			Test Date Copie	es/ml		Tes	st Date	Count	%
PROVI	DER INFORMATION	ON		Earliest HIV/	Far	liest CD4	1	1	cells/µl	9/
Physician:	Phone:			Most recent / /			/_		cells/µl	
Person reporting if other than	physician: Phone:	··		HIV viral load ——'——'—— EARLIEST DRUG RESISTANCE TEST	Mo:	st recent	/	/	cells/µl	%
r erson reporting it other than	priyalcian. I none.			, , □ Genotype		4				
				Date:/ Phenotype		st CD4	1	/	cells/µl	%
	HISTORY SINCE			Laboratory:	<20)0 μl	/_		cells/µl	
Check all that apply: Sex with male		Yes . □	No Unk □ □							
Sex with female					DRTUNIST		IONS ^{4,5}			
Injection drug use Received clotting factors for				☐ Candidiasis, esophageal	Diagnosis date		si's sarcom	a	D	iagnosis date
Transfusion, Transplant, or				☐ Candidiasis, esopriageal ☐ Cryptococcosis, extrapulmonary	/,/,	_ '				_/,
Heterosexual relations with:				☐ Cryptococcosis, extrapulmonary ☐ Cytomegalovirus disease (other than in liver,	/,/,		-	arinii pneumoni ne due to HIV	a 	_/,
Injection drug user Bisexual man				spleen, nodes)	//	_		ile due lo MIV		_/
Person with hemophilia.				☐ Herpes simplex: chronic ulcer(s) (>1 mo. duration), bronchitis, pneumonitis or	//	_ □ Other	:			_//
PWA/HIV transfusion or PWA/HIV risk not specifi	transplant			esophagitis						
r www.iiv iisk iiot speciii	cu									

1,2,3,4 Footnotes on reverse

Revised 2/9/2017 DOH 150-002

HIV TESTING AND TREATMENT HISTORY										
Date patient reported info://										
Information from: ☐ Patient interview ☐ Review of medical record ☐ Provider report ☐ PEMS ☐ Other										
FIRST POSITIVE HIV TEST	NEGATIVE HIV TESTS									
	Ever had a negative HIV test? Yes									
Ever had a previous positive test? ☐ Yes	□ No □ Unknown									
☐ No ☐ Unknown	- Children									
	Date of last negative test://									
Date of first positive test:/	Number of negative HIV tests in 24 months before first positive test:									
HISTORY OF HIV-RELATED MEDICATIONS (check all that apply)										
Ever taken any antiretroviral medications (ARVs)?	Yes No Unknown									
Reason Name(s) of medication	s) Date began Date of last use									
☐ HIV treatment										
□ PrEP										
□ PEP										
☐ Pregnancy										
☐ Hep B treatment										
☐ PCP Prophylaxis										
☐ Other										
DRUG USE										
Methamphetamine use? ☐ Yes → ☐ Injection ☐ Non-injection, specify: ☐ Unk ☐ No										
Unknown										
TREATMENT/SERV	ICES REFERRALS									
	Yes No Unk N/A									
Has this patient been informed of his/her HIV infection										
This patient is receiving/has been referred for:										
HIV related medical service										
HIV Social Service Case Management										
Substance abuse treatment services										
FOR WOMEN										
Is patient currently pregnant? ☐ Yes → Expected delivery date:// ☐ No ☐ Unknown										
FOR HEALTH DEPA	RTMENT USE ONLY									
Stateno:	Date received://									
Case report completed/verified by:										
☐ Complete ☐ Incomplete	□ oos									

Please return completed form to:



PO Box 47838 Olympia, WA 98504-7838 (360) 236-3464

FOOTNOTES

- ¹ Patient identifier information is not sent to CDC.
- ² Outpatient dx: ambulatory diagnosis in a physician's office, clinic, group practice, etc.
- Inpatient dx: diagnosed during a hospital admission of at least one night.
- ³ After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis.
- ⁴ If case progresses to AIDS, please notify health department.
- ⁵Opportunistic illnesses include: Candidiasis, bronchi, trachea, or lungs; Candidiasis, esophageal; Cervical cancer, invasive; Coccidioidomycosis, disseminated or extrapulmonary; Cryptococcosis, extrapulmonary; Cryptosporidiosis, chronic intestinal; Cytomegalovirus disease (other than liver, spleen, or nodes); Cytomegalovirus retinitis (with loss of vision); HIV encephalopathy; Herpes simplex: chronic ulcers; or bronchitis, pneumonitis, or esophagitis; Histoplasmosis, diss. or extrapulmonary; Isosporiasis, chronic intestinal; Kaposi's sarcoma; Lymphoma, Burkitt's (or equivalent); Lymphoma, immunoblastic (or equivalent); Lymphoma, primary in brain; Mycobacterium avium complex or M. kansasii, diss. or extrapulmonary; M. tuberculosis, pulmonary; M. tuberculosis, diss. or extrapulmonary; Mycobacterium of other or unidentified species, diss. or extrapulmonary; Pneumocystis pneumonia; Pneumonia, recurrent; Progressive multifocal leukoencephalopathy; Salmonella septicemia, recurrent; Toxoplasmosis of brain; Wasting syndrome due to HIV

WASHINGTON STATE REPORTING REQUIREMENTS

AIDS and HIV infection are reportable to local health authorities in Washington in accordance with WAC 246-101. HIV/AIDS cases are reportable within 3 working days and reporting does not require patient consent.

ASSURANCES OF CONFIDENTIALITY AND EXCHANGE OF MEDICAL INFORMATION

- Several Washington State laws pertain to HIV/AIDS reporting requirements. These include: Maintain individual case reports for AIDS and HIV as confidential records (WAC 246-101-120,520,635); protect patient identifying information, meet published standards for security and confidentiality if retaining names of those with asymptomatic HIV, (WAC 246-101-230,520,635); investigate potential breaches of confidentiality of HIV/AIDS identifying information (WAC 246-101-120,230,520,635 and RCW 70.24.105).
- Health care providers and employees of a health care facilities or medical laboratories may exchange HIV/AIDS information in order to provide health care services to the patient and release identifying information to public health staff responsible for protecting the public through control of disease (WAC-246-101-120, 230 and 515; and RCW 70.24.105).
- Anyone who violates Washington State confidentiality laws may be fined a maximum of \$10,000 or actual damages; whichever is greater (RCW 70.24.080-084).

FOR PARTNER NOTIFICATION INFORMATION

- Washington state law requires local health officers and health care providers to provide partner notification assistance to persons with HIV infection (WAC 246-100-209) and establishes rules for providing such assistance (WAC 246-100-072).
- For assistance in notifying spouses, sex partners or needle-sharing partners of persons with HIV/AIDS, please call Infectious Disease Prevention Section Field Services, DOH, at (360) 236-3482 or (360) 236-3484, or your local health department. In King County, please call Public Health Seattle & King County, at (206) 263-2410.

Comments:			