



HIV TESTING

HTS

The Department of Health (DOH) has an existing program for the prevention and control of the Human Immunodeficiency Virus (HIV) in the Philippines. The Epidemiology Bureau (EB) of DOH is mandated by Republic Act 11166 & 11332 to collect information that will be used in planning activities to help stop the spread of HIV and to support and treat those diagnosed with HIV. Your full cooperation is very important to this program. Please answer all questions as honestly as possible.

ABOUT THE TEST

What is HIV testing?

An HIV test refers to a procedure used to identify if you have antibodies to HIV -- the virus that causes AIDS. A specimen, usually blood, and a DOH-Food and Drug Administration (FDA)-registered diagnostic kit is needed to perform the test. The test may be performed by a trained/supervised healthcare worker or lay person, or by oneself, depending on the modality.

If the first test (screening) is reactive, another test (confirmatory) will be done to make sure that the first test is confirmed to be positive. A positive test means you have been infected with HIV. A non-reactive or negative test means you are not infected or your body has not produced the sufficient level of antibodies (within window period) that can be detected by the HIV rapid diagnostic test kits. If you are non-reactive or negative, and had a recent exposure within the window period, you need to undergo another test 4 weeks after your risk exposure.

Confidentiality of HIV Testing

Your personal information and HIV test result is confidential adherent to the provisions of RA 11166 Philippine HIV and AIDS Policy Act, RA 10173 Data Privacy Act of 2012 and its IRR of 2016.

INFORMED CONSENT

I, CLIENT / CHILD / PROXY CONSENT PROVIDER, was given information about HIV, its testing process, and was able to ask questions about HIV. I agree to undergo HIV testing.

Name and Signature

Verbal Consent
(applicable for clients 15 y/o and above undergoing either CBS or self-testing)

By providing my contact details, I am allowing the HTS provider to contact me on updates regarding the services provided including but not limited to: test result, combination prevention services, and notification for retesting.

Contact Number: _____
Email address: _____

PERSONAL INFORMATION SHEET (HTS FORM)

All information given will be **STRICTLY CONFIDENTIAL**. Please fill out this form **COMPLETELY** and as honestly as possible. Please write in **CAPITAL LETTERS** and **CHECK** the appropriate boxes.

DEMOGRAPHIC DATA

1	Test Date:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	Day	Year			
2	PhilHealth Number:	<input type="text"/> <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Not enrolled in PhilHealth							
3	PhilSys Number:	<input type="text"/>	<input type="checkbox"/> No PhilSys Number							
4	Name (Full name)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		First Name	Middle Name	Last Name	Suffix (Jr, Sr, III, etc)					
5	First 2 letters of mother's FIRST name	<input type="text"/> <input type="text"/>	First 2 letters of father's FIRST name	<input type="text"/> <input type="text"/>	Birth order (i.e. among mother's children)	<input type="text"/> <input type="text"/>				
6	Birth date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age:	<input type="text"/> <input type="text"/>	Age in months (for less than 1 year old):	<input type="text"/> <input type="text"/>	Month	Day	Year	
7	Sex (assigned at birth):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Gender identity:	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Others:	<input type="text"/>		
8	Current Place of Residence:	City/Municipality:	<input type="text"/>	Province:	<input type="text"/>					
	Permanent Residence:	City/Municipality:	<input type="text"/>	Province:	<input type="text"/>					
	Place of Birth:	City/Municipality:	<input type="text"/>	Province:	<input type="text"/>					
9	Nationality:	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other, please specify:	<input type="text"/>						
10	Civil Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced				
11	Are you currently living with a partner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number of children:	<input type="text"/> <input type="text"/>					
12	Are you currently pregnant? (for female clients only)	<input type="checkbox"/> No	<input type="checkbox"/> Yes							
EDUCATION & OCCUPATION										
13	Highest Education Attainment?	<input type="checkbox"/> No grade completed	<input type="checkbox"/> Pre-school	<input type="checkbox"/> Highschool	<input type="checkbox"/> Vocational					
			<input type="checkbox"/> Elementary	<input type="checkbox"/> College	<input type="checkbox"/> Post-Graduate					
14	Are you currently in school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes							
15	Are you currently working?	<input type="checkbox"/> Yes. Current occupation (main source of income):	<input type="text"/>	<input type="checkbox"/> No. Previous occupation in the past 12 months:	<input type="text"/>					
16	Did you reside or work overseas/abroad in the past 5 years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Did you work overseas/abroad?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify year of return from last contract:	<input type="text"/> <input type="text"/> <input type="text"/>	Where were you based?	<input type="checkbox"/> On a ship	<input type="checkbox"/> Land
								What country did you last work in? (For seafarer, last port of exit)	<input type="text"/>	



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You may answer this on your own or with assistance from a counselor or healthcare provider

HISTORY OF EXPOSURE / RISK ASSESSMENT

Answer all. Please check the appropriate column for each item, and provide history of risk if applicable.

Did your birth mother have HIV when you were born? Do not know No Yes

	History of sexual activity (oral/anal/vaginal)		Date of most recent anal or neo/vaginal sex (MM/YYYY)	Date of most recent CONDOMLESS anal or neo/vaginal sex (MM/YYYY)
	No	Yes		
Sex with a MALE*	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sex with a FEMALE**	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

*Sex partners whose assigned sex at birth is MALE, including transgender and/or nonbinary
 **Sex partners whose assigned sex at birth is FEMALE, including transgender and/or nonbinary

	No	Yes	Date of most recent risk (MM/YYYY)
Paid for sex (in cash or kind)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Received payment (cash or in kind) in exchange for sex	<input type="checkbox"/>	<input type="checkbox"/>	_____
Had sex under the influence of drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shared needles in injection of drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Received blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occupational exposure (needlestick/sharps)	<input type="checkbox"/>	<input type="checkbox"/>	_____

REASONS FOR HIV TESTING

Please check all that apply.

Possible exposure to HIV Employment - Overseas/Abroad Requirement for insurance
 Recommended by physician/nurse/midwife Employment - Local/Philippines Other (please specify): _____
 Referred by a peer educator Received a text message/email encouraging me to get an HIV test

PREVIOUS HIV TEST

Have you ever been tested for HIV before? No Yes. Date of most recent test? / /
 Which HTS provider (facility or organization) conducted the test? _____ City/Municipality: _____
 What was the result? Reactive Non-reactive Indeterminate Was not able to get result

To be filled out by HTS PROVIDER only

MEDICAL HISTORY & CLINICAL PICTURE

Please check all that apply.

Current TB patient Diagnosed with other STIs Taken PEP
 With hepatitis B With hepatitis C Taking PrEP

Clinical Picture: Asymptomatic Symptomatic Describe S/Sx: _____
 World Health Organization (WHO) Staging: _____ No physician to do staging

TESTING DETAILS

Client type: Inpatient Walk-in/outpatient Persons Deprived of Liberty (PDL)
 (select one) Mobile HTS / Outreach in physical venues. Specify venue: _____
 Mode of reach: Clinical reach Online Index testing Social and sexual network testing Outreach in physical venues
 (select all that apply)

Refused HIV Testing Reason for refusal: _____
 Accepted HIV Testing
 HIV testing modality: Facility-based testing (FBT) Non-laboratory FBT Community-based Self-testing
 Linkage: Refer to ART Advise for re-testing in _____ Months _____ Weeks
 (choose all that apply) Refer for Confirmatory Suggested date: (MM/DD/YYYY) _____

Other services provided to client:

HIV 101 Condoms, # distributed: _____
 IEC materials Lubricants, # distributed: _____
 Risk reduction planning Offered social and sexual network testing (SSNT)
 Referred to PrEP or had given PEP Accepted SSNT
 Other services: _____

Inventory Information

Brand of test kit used: _____
 Number of test kit used: _____
 Test kit lot number: _____
 Expiration date (mm/dd/yyyy): _____

HTS PROVIDER DETAILS

Name of Testing Facility/Organization: _____
 Complete Mailing Address: _____
 Contact Numbers: _____ Email address: _____

Primary HTS provider: (select one) HIV Counsellor Medical Technologist CBS Motivator Others: _____
 Name & Signature of service provider: _____

END