

General Guidance on Completing Testing and Antiretroviral Use History Section

Yes	evidence that the event occurred
No	evidence that the event did NOT occur
Don't Know/Unknown	1) evidence that patient said, "Don't know" 2) provider documented "Unknown" or 3) insufficient evidence
Refused	Patient refused, provider documented "Refused," or the facility did not allow for medical record review
Blank	Patient or provider was not asked or source was not investigated

For all dates, only enter information for which you have evidence. For example, if only month and year are known enter 05/__/2000, or if only the year is known enter __/__/2000.

Main Source of Testing and Treatment History Information

Please select the source of Testing and Treatment History (TTH) information by checking the appropriate source box. If you use a source not listed, please specify that source on the "Other" line provided. **Only one source may be reported per form. If other TTH information is gathered from other sources, please report it on a separate form.** Please refrain from reporting TTH data found on CTRS lab reports as this is collected separately at the SHO. Record the date patient reported information as follows:

- For Medical Record Review: Date when most recent TTH data was obtained. Do **not** use date of review unless no other date is available.
- For Provider Report: Date when TTH information was obtained from patient. If date is unknown, enter date when report was received at health department.
- For Other: Use the date the TTH information was originally collected.

Ever had previous HIV test?

All of the questions in this section reference the patient's first positive HIV test ever. **Only complete this section when there is evidence regarding a positive test before the one which initiated the case report.** List the month (mm), day (dd), and year (yyyy) of the patient's first positive test. If a previous HIV test exists but the date is unknown, indicate **UNKNOWN (UNK)**. Remember, partial dates are also acceptable.

Ever had a negative HIV test?

All of the questions in this section reference the patient's last negative HIV test. Indicate whether the patient has ever had a negative HIV test prior to receiving their **first** positive result. List the month (mm), day (dd), and year (yyyy) of the patient's last negative test. If a previous negative test exists but the date is unknown, indicate **UNKNOWN (UNK)**. Remember, partial dates are also acceptable.

Number of negative HIV tests within 24 months before first positive test

Indicate the total number of negative tests the patient had during the **twenty-four months prior** to receiving their **first** HIV-positive result.

Ever taken any ARVs?

Indicate whether the patient has ever taken any HIV or antiretroviral medications (ARVs). If yes, indicate date the patient first began taking HIV or ARV medications and the date of their last use of ARV medications; if the date is unknown, indicate **UNKNOWN (UNK)**. List the names of the medications taken using the attached list.

Antiretroviral Medication Codes

22= Agenerase (amprenavir)	19= Hepsera (adefovir)	39= Stribild (elvitegravir/ cobicistat/tenofovir/emtricitabine)
41= Amdoxobvir (AMDX, DAPD)	02= Hivid (zalcitabine, ddC)	21= Sustiva (efavirenz)
30= Aptivus (tipranavir, TPV)	23= Hydroxyurea	47= Tenofovir alafenamide fumarate (TAF)
32= Atripla (efavirenz/ emtricitabine/tenofovir DF)	44= Ibalizumab (TNX-355)	40= Tivicay (dolutegravir, DTG, GSK1349572)
54= Cabotegravir (GSK744, GSK1265744)	18= Invirase (saquinavir mesylate)	48= Trii (dolutegravir/abacavir/ lamivudine)
42= Cenicriviroc (TBR-652, TAK- 652)	34= Intelence (etravirine)	13= Trizivir (abacavir sulfate/ lamivudine/ zidovudine)
24= Combivir (lamivudine/ zidovudine)	36= Isentress (raltegravir)	27= Truvada (emtricitabine-FTC/ tenofovir-TDF)
37= Complera (rilpivirine/ tenofovir/emtricitabine)	16= Kaletra (lopinavir/ ritonavir)	49= Tyboost (cobicistat)
06= Crixivan (indinavir sulfate)	45= Levsivirine (UK-453061)	01= Videx (didanosine, ddl)
53= Descovy (Emtricitabine/ tenofovir alafenamide) ; (F/TAF)	31= Lexiva (fosamprenavir, 908)	14= Videx EC (didanosine, ddl)
38= Edurant (rilpivirine)	07= Norvir (ritonavir)	17= Viracept (nelfinavir mesylate)
43= Elvitegravir (EVG, GS-9137, Vitekta)	51= Prezcofix (darunavir/ cobicistat)	05= Viramune (nevirapine)
11= Emtriva (emtricitabine, FTC)	33= Prezista (darunavir, DRV)	12= Viread (tenofovir disoproxil fumarate)
03= Epivir (lamivudine, 3TC)	46= PRO 140	04= Zerit (stavudine, d4T)
28= Epzicom (3TC/ABC)	09= Rescriptor (delavirdine mesylate)	20= Ziagen (abacavir sulfate)
50= Evotaz (atazanavir/ cobicistat)	26= Retrovir (zidovudine, ZDV, AZT)	88= Other
25= Fortovase (saquinavir)	15= Reyataz (atazanavir sulfate)	99= Unspecified
10= Fuzeon (enfuvirtide, T-20)	08= Saquinavir (Fortavase, Invirase)	
52= Genvoya (Elvitegravir/ cobicistat/emtricitabine/tenofovir alafenamide) ; (E/C/F/TAF)	35= Selzentry (maraviroc)	