SCOPE AND CONTEXT

This document addresses Point of Care HIV Testing (POCT) using Rapid Test Devices (RTD) for people at (high) risk of HIV who seek or receive HIV testing in non-clinical settings. These Guidelines and Protocols are designed to support LASS and partners to provide HIV testing in community-based organisations, outreach settings, or mobile vans.

These protocols will help ensure that any such service provided by LASS and partners conforms to established required norms and meets a set of auditable criteria by which such conformity can be measured.

The Guidelines and Protocols are based on and adapted from existing guidelines on HIV testing for patients attending general medical services or specialist HIV/GUM services and are not intended to modify, supersede or exceed the scope of such guidelines (see References for more information).

Related Documents and Forms used in the Rapid HIV Testing service are included as Appendices to this document.

OBJECTIVES

- To increase targeted screening of HIV in groups known to be at higher risk of infection;
- To provide earlier detection of HIV infection;
- To identify and support persons with unrecognized HIV infection and link them to clinical and prevention services;
- To further reduce onward transmission of HIV

RATIONALE

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain significant causes of illness and death in the United Kingdom. The HPA statistics for 2008 report that: “the number of people living with HIV in the UK continues to rise, with an estimated 83,000 infected at the end of 2008, of whom over a quarter (27%) were unaware of their infection”.

The East Midlands Strategic Health Authority highlights: “In 2009, as reported to end December 2009, there were 228 new HIV diagnoses. The 2009 figure represents a 126% increase on the 101 new diagnoses in 2000. The overall UK increase since 2000 was 52%. East Midlands SHA has the highest proportion of new HIV diagnoses that are among black African individuals infected heterosexually and the lowest proportion of new HIV diagnoses that are among white men infected through sex between men”. In 2009 in Leicester City the HIV prevalence is 3.12 per 1000 population.

The HPA 2009 report highlights the importance of testing and preventing onward transmission of HIV (Reference 7). Those who are undiagnosed are unable to benefit from clinical care to reduce morbidity and improve mortality and may also be infectious – transmitting HIV without knowing to their partners.
In many other SHA authority areas Voluntary Rapid HIV testing in non-clinical settings has become an effective public health tool. It is particularly important in diverse communities, where people are less likely to access GUM services.

**RAPID HIV TESTS**

The use of Community based Rapid HIV testing can substantially increase the number of persons who know their HIV status. Community Testing can help to focus the resources expended to people or groups of people who may be at higher risk of HIV infection.  

The intention of the Rapid HIV Testing Service, offered by LASS and partner organisations, is to compliment the other clinical services offering HIV testing. This service may provide an alternative entry point to clinical services for people who are at risk and concerned about HIV.

**Target Groups**

In Leicester and Leicestershire the groups likely to be at high risk include: people from the different African and BME communities from countries where there is a high prevalence; sexual partners of people with HIV; gay and bisexual men and other men who have sex with men (MSM); injecting-drug users and their sex partners; and people who exchange sex for money or drugs. Many people who are concerned about HIV may not go for testing at their local GUM clinic or GP surgery where they may fear stigma, discrimination or lack of confidentiality. With a culturally diverse community, such as Leicester, the fear of stigma and discrimination is magnified, plus the services such as GUM may not be familiar to some community groups.

Peer-led approaches (e.g. enlisting people with HIV and HIV-negative people at high risk for HIV to recruit others from their social, sexual and other networks for testing, and referral) have demonstrated considerable efficacy for identifying people who were previously unaware of their HIV infection.

**DEFINITIONS**

**Diagnostic testing**: Performing an HIV test for people with clinical signs or symptoms consistent with HIV infection.  

**Screening**: Performing an HIV test for all people in a defined population.  

**Targeted testing**: Performing an HIV test for subpopulations known to be at higher risk of infection, typically defined on the basis of behaviour, clinical, or demographic characteristics.  

**Informed consent**: A process of communication between client and provider through which an informed client can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits to testing, the implications of HIV test results, how the test results will be communicated, and the opportunity to ask questions.  

**HIV prevention**: An interactive process of assessing risk, recognising specific behaviours that increase the risk for acquiring or transmitting HIV, and developing a plan to take specific steps to reduce risks.
PROTOCOLS FOR COMMUNITY BASED HIV TESTING

1. Consent to Testing

1.1 General Principles

As part of best practice, testing, investigation and examination for any medical condition or procedure should be carried out in line with the Department of Health’s “Reference Guide To Consent for Examination or Treatment” and the General Medical Council’s “Seeking Patients’ Consent: The Ethical Considerations”.

Key principles are:
1. HIV testing can only be carried out with the client’s specific informed verbal consent which should be documented in the records.
2. Clients who fall within certain categories, as outlined in the next sections, will not be offered a Rapid HIV Test by LASS or by their partners under the terms of this protocol. Specific actions are recommended for these different clients.

Key Procedural Principles are:
a) A short verbal pre-test discussion is enough to provide the information required for informed consent. This is the recommended approach. Alternatively, a leaflet explaining the information can be provided.
b) HIV testing must be voluntary and free from coercion. Clients must not be tested without their knowledge or against their will.
c) Easily understood informational materials should be made available, where necessary, in the languages of the target populations within the service area.
d) Where interpreters and/or bilingual staff are used to provide assistance to clients, their competence must be ensured. It is strongly recommended that family or friends should not be used as interpreters to disclose HIV positive test results to clients with limited English proficiency because of the risk of stigma and discrimination. A child or person under the age of 16 should specifically not be used as the interpreter.
e) The client should be given sufficient time to ask questions and reflect before agreeing to proceed with a test.
f) If a client declines an HIV test, this decision should be documented in the records.
g) LASS protocol recommends that 2 people deliver the test and information for each client. This may be 2 trained people or 1 trained person and 1 ‘chaperone’. It is recommended that there should always be at least 1 person of the same gender as the client.

1.2 Considerations when dealing with people who exhibit symptoms consistent with HIV Infection

If the client exhibits or complains of symptoms which are consistent with HIV infection, (e.g. sore throat and fever, muscle & joint pain, itchy rash on the trunk, severe headaches and sensitivity to light or recurrent Herpes or Thrush) it is strongly recommended that they are signposted to GUM or Infectious Diseases Unit for diagnostic testing and treatment. It is recommended that the referral form is completed and faxed to either GUM or IDU to assist in the process (See Appendix Form 2 which can be used).
It is recommended that LASS (or the partner agency) assists the client to make an appointment or accompanies them to the clinic. If necessary the Specialist HIV Nurse
should be contacted for assistance (see Appendix Referral Pathways and Protocols for details).

1.3 **Considerations when dealing with a partner of an HIV positive person**

If the partner of a known HIV positive person attends for a Rapid HIV test it is recommended that the partner is referred immediately to GUM or IDU for an HIV test and clinical assessment. The HIV specialist nurse can be contacted for assistance if required.

1.4 **Considerations when dealing with people under 16**

For guidance see the Department of Health’s “Reference Guide to Consent for Examination or Treatment”. Paragraph 23 of the General Medical Council’s “Seeking Patients’ Consent: the Ethical Considerations” also applies.

Key principles of this guidance are:
You can provide STI advice and treatment, without parental knowledge or consent, to young people under 16 provided that:

- They understand all aspects of the advice and its implications
- You cannot persuade the young person to tell their parents or to allow you to tell them
- In relation to contraception and STIs, the young person is very likely to have sex with or without such treatment
- Their physical or mental health is likely to suffer unless they receive such advice or treatment, and
- It is in the best interests of the young person to receive the advice and treatment without parental knowledge or consent.

LASS current recommendations are:
- If a person is thought to be under 16 and they are sexually active they should be referred to GUM or another Young People’s service with support to make an appointment by the LASS volunteer or staff member.
- If the person is under 16 and not sexually active, and may be accompanied by a parent or guardian they will be referred to the specialist HIV children’s nurse. This may result in setting up a meeting at LASS.

1.5 **Considerations when dealing with people under the influence of drugs or alcohol**

In a community-based voluntary testing service the issue of assessing capacity to consent to testing may arise if the client requesting testing is under the influence of drugs or alcohol. Even where the intervention is thought to be in the client’s best interests it should be delayed until the client recovers capacity and can consent according to the criteria for persons with capacity. For guidance see the relevant section of Department of Health’s “Reference Guide to Consent for Examination or Treatment”.

LASS guidance for volunteers and staff who deliver tests is to ask the person to return on another day / date when they can consent fully. The person’s condition of being under the influence of drugs or alcohol should be identified before they are taken into the testing room, however the guidance of using 2 people for delivering the test ensures that there is support for the tester.
1.6 Considerations when dealing with Learning Difficulties and Mental Capacity

In a community-based voluntary testing service the issue of assessing capacity to consent to testing may arise if the client requesting testing may have a learning disability or difficulties in understanding for some other reason.

LASS guidance for testers is to refer the person to either GUM or another clinical service (e.g. their GP) where they can be more formally and clinically assessed for competence for informed consent.

The person’s difficulty or disability will be identified before they are taken into the testing room however the guidance of using 2 people for delivering the test ensures that there is support for the tester.

2. Rapid HIV Testing Protocol

LASS protocol recommends that 2 people deliver the test and information for each client. This may be 2 trained people or 1 trained person and 1 ‘chaperone’. It is recommended that there should always be at least 1 person of the same gender as the client.

The Appendix contains examples of the forms that are used during a Rapid HIV Test, depending on whether the result is negative or reactive.

2.1 Pre-test Information

There are several standard formats for ensuring that the relevant information is covered in a pre-test discussion. The Royal College of General Practitioners has produced a document to assist Primary Care practitioners which covers what is required. The minimum requirement is that clients should receive oral or written information which includes:

- An explanation of HIV infection
- A description of interventions that can reduce HIV transmission
- An explanation of the test and the possible need for retesting (window period)
- The meanings of positive and negative test results
- The benefits of knowing a positive HIV status
- An opportunity to ask questions and to decline testing if desired

LASS Pre-Test information sheet includes the information required to be communicated to the client.

2.2 Information to be Recorded

There is a standard form for completion prior to a Rapid HIV Test being carried out (see Appendix, Form 1).

This initial client information enables LASS to monitor and evaluate the different client groups who are accessing the service. The client may give only a first name and first 3 letters of their postcode. The client is asked for a contact number which is recorded on the form. This would only be used in the situation where they have a reactive (positive) test result.
The client is asked to sign the form to indicate consent to taking the test prior to the Rapid HIV Test being delivered. The Tester MUST record the batch number, expiry date and type of test being used for each test delivered prior to delivering the Rapid HIV Test.

If the test is reactive (indicating HIV positive) the Referral Form (Appendix, Form 2) must be completed with the additional information from the client. The testers must add their names to this Referral Form. The Referral Form will be faxed immediately to GUM.

See Section 3 for general principles for Confidentiality and Record Keeping.

### 2.3 Addressing Reasons for Declining Testing

Clients who initially decline a HIV test might accept at a later date, especially if their concerns are discussed. Clients may continue to decline testing, and their decisions should be respected and documented in the record.

Key principles are:

- Testers should discuss and address reasons for declining an HIV test (e.g. lack of perceived risk; fear of the infection; and concerns regarding partner reaction or violence or potential stigma and discrimination). The tester can request additional support from LASS staff if required.
- Clients who decline an HIV test because they have had a previous negative test result should be informed of the importance of re-testing if they have been at risk since the last test.
- Logistical reasons for not testing (e.g. scheduling) should be resolved.

### 2.4 Communicating Test Results to Clients

All Rapid HIV test results should be communicated confidentially through personal contact by skilled and trained staff, or a nurse, counsellor or peer support advisor, depending on who is carrying out the test and the setting. It is recommended that communicating the test result is undertaken such a way that the client feels ownership of the result. It is recommended that the tester invites the client to watch the process followed once the blood has been taken to see their blood create the result.

It is considered best practice to ensure that test results are communicated to the client by the person who performs the test. In POCT services this should be easy to ensure. Consideration should be given to ensuring that clients have sufficient time to reflect before and after making a decision, especially where the information is complex.

See relevant sections of the British Association for Sexual Health and HIV (BASHH) Clinical Governance Committee’s “Guidance on the appropriate use of HIV Point of Care Tests” for further information if required.

### 2.4.1 Negative Test Results

Clients who have a negative test result are still likely to consider their risks at the time of HIV testing, as they opted to be tested for a particular reason. The tester has an ideal opportunity to provide or arrange for prevention counselling to assist with behaviour changes that can reduce risks for acquiring HIV infection. The client should be signposted to GUM or another service which offers full STI screening, if appropriate.
Prevention counselling is strongly encouraged for persons at high risk of HIV who repeatedly test negative, but will not be compulsorily linked to HIV testing. The Tester should reiterate the importance of the window period and encourage re-testing if there is any possibility that the client has incorrectly assessed their exposure.

2.4.2 Positive Test Results

Guidelines advise that “HIV positive test results should be communicated confidentially through personal contact by a nurse, counsellor, peer support adviser or other skilled and trained staff.” LASS staff and volunteers have been trained and are skilled in delivering the testing service including giving results.

When the test result is reactive (positive) a member of LASS staff should be informed to assist with the onward referral to GUM. If appropriate and agreed to by the client, the member of staff will become involved in the process directly with the client. Positive Rapid HIV Test results are preliminary and should be confirmed with conventional EIA testing before the diagnosis of HIV infection is conclusively established. It is recommended that the client is offered an immediate appointment at a suitable clinic for this test.

If the client is not ready for the onward referral it is recommended that LASS staff and volunteers continue to work with them to provide guidance and advice to prepare them for the next steps. The person must be advised about the importance of practicing safer sex.

The Referral Form must be completed with the additional information required from the client. The LASS member of staff will contact GUM to make an appointment, will fax the referral form to GUM immediately and can accompany them to GUM.

3. Referral Pathways
3.1 Referral into the POCT service

The LASS Rapid HIV Testing Service will accept referrals from any agencies with which agreements for referral have been arranged. The service will also accept client self-referral.

3.2 Onward Referral to Local Specialist Services

A care pathway has been established with local Specialist Services providing clinical care and support for clients with support needs. The care pathways are set up to cover people who test positive for HIV (reactive test) and people who test negative for HIV.

In particular, clients who test positive for HIV will be referred for clinical care promptly, consistent with BHIVA Standards for HIV Clinical Care.

Key principles are:
- Access to clinical care, prevention counselling and support services is essential for people who test positive for HIV.
- People who test positive for HIV will need a thorough evaluation of their clinical status and immune function to determine their need for antiretroviral treatment or other therapy.
The British HIV Association recommends that a client diagnosed with HIV in any setting is referred to specialist HIV care within two weeks of diagnosis for assessment.

See Community Rapid HIV Testing Referral Pathways and Protocols document agreed by the Governance Group for details. This includes the ‘Fast Track’ process required for partners of known HIV positive people.

3.3 Partner Counselling and Referral

When HIV infection is diagnosed, clients should be encouraged to disclose their HIV status to their spouses, current sex partners and previous sex partners and recommend that these partners be tested for HIV. Specialist HIV and GUM Departments will assist patients by notifying, counselling and providing HIV testing for partners without disclosing the client’s identity.

LASS will not undertake partner notification as part of the Rapid HIV Testing service, even where the client expressly requests it. The client should be referred to a GUM which should deal with any formal partner notification issues.

LASS will offer client and partner support to newly diagnosed people and their partners if requested by the client or partner.

3.4 Referral of Reactive Tests from Partner Agencies

LASS will work in Partnership with some agencies for delivering the Rapid HIV Testing at their premises, under the guidelines and protocols identified in this document. The onward referral for reactive (positive) tests may follow 2 approaches:

a) Referral directly to GUM following the guidance provided here for agencies who are in contact with GUM
b) Referral to LASS for onward referral to GUM. This ensures that the client is directly in contact with support services from the earliest point in their diagnosis. The LASS referral form shall be completed and faxed to LASS, or the client can bring it with them. LASS should be notified of the referral as soon as possible. (See Appendix for copy of form).

4. Confidentiality and Record Keeping

4.1 General Principles of Confidentiality

Client information is generally held under legal and ethical obligations of confidentiality. Information provided in confidence should not be used or disclosed in a form that might identify a client without his or her consent. The Department of Health’s “Confidentiality: NHS Code of Practice” and “Good Practice in Consent Implementation Guide” provide clear guidance on the meaning of confidentiality and how to ensure a service meets the standards for confidentiality required by the legal and ethical obligations mentioned above.

Key principles are:
- Observance of and compliance with the Common Law of Confidentiality
- Observance of and compliance with the Human Rights Act 1998
The British Association for Sexual Health and HIV (BASHH) Clinical Governance Committee’s “Guidance on the Appropriate Use of HIV Point of Care Tests” highlights particular considerations with regard to POCT services and confidentiality and states that ‘due consideration must be given to who has access to the testing area’. It is recommended that this be extended to include access to any client information.

LASS Confidentiality Policy must be signed and agreed to by all who are involved in the Community Testing Project. All Partners who participate in the LASS Rapid HIV Testing service shall ensure that all volunteers or staff who deliver the service sign and adhere to Confidentiality policies and practices.

4.2 General Principles of Record Keeping

The Department of Health’s “Records Management: NHS Code of Practice” provides clear guidance on the matter of record keeping.

Key principles are:
- Observance of and compliance with the Data Protection Act 1998
- Observance of and compliance with the Caldicott Principles

Protocols for the following shall be adhered to by LASS and all partner organisations:
- Data quality and purpose
- Retention and deletion of records
- Right of subject access to records
- Data access and security
- Data sharing between organisations

5. Infection Control

5.1 General Principles

The National Institute for Health and Clinical Excellence (NICE) “Clinical Guideline 2. Infection Control” provides clear guidance on procedures for ensuring patient and practitioner safety where pinprick devices are used for POCT. (Section 1.1, Standard Principles).

Key principles are:
- Observance of hand hygiene
- Use of personal protective equipment e.g. gloves
- Safe use and disposal of sharps

This guidance will be used for all Rapid HIV Testing, with the correct use of sharps bins and clinical waste bags. Gloves shall be worn for every test delivered. New gloves must be used for each client.

6. Monitoring and Evaluation

6.1 Auditable Outcome Measures

1. Documented informed consent to be obtained for all clients prior to testing
2. All clients with reactive tests (positive for HIV) to be informed of their test result at the time of test.
3. All clients with reactive tests (positive for HIV) to be referred for clinical care immediately or as soon possible consistent with the opening times of the GUM clinic (next day or Monday if at weekend) and the client’s readiness.
4. All clients testing negative for HIV offered sexual health advice and signposted for onward sexual health screening or counselling if requested.
5. Confidentiality and record keeping protocols set up and maintained
6. All staff trained in relevant confidentiality record keeping protocols
7. Referral pathways established, agreed and implemented.
8. Case reviews with GUM on a regular basis to ensure learning and development of pathways with experience.
9. All LASS staff, volunteers and/or partners involved in any aspect of the Rapid HIV Testing programme have completed and actively participated in all training sessions. All testers keep up to date with protocols and guidelines and undertake refresher training as required.

6.2 Evaluation of Client Group Access to Rapid HIV Testing Service

The information recorded on the record sheet will be evaluated monthly to determine which client groups are accessing the service. This will include an assessment of whether particular promotion initiatives are effective. Promotion initiatives will be reviewed on a quarterly basis to focus on the different target groups.

7. Training, Delivery and Ongoing Development

All LASS staff, volunteers, service users and partner organisations who are involved with the LASS Rapid HIV testing programme shall undertake and successfully complete the training programme.

The application and training will include as a minimum:
- Initial applications and interviews to identify potential candidates.
- Basic HIV knowledge, treatment and benefits of testing
- Pre-test “discussion” and information
- Sharing test results
- Inclusive practices and consideration of different communities and cultures
- Role play scenarios
- Procedure to use testing kits
- Working with different clients
- Feedback and evaluation

All testers will be required to deliver a minimum of 5 tests within a 3 month period to stay up to date with their practice. Testers will have to undertake refresher training before delivering tests if they do not meet this criterion.

All LASS Rapid HIV testers will be offered group counselling to assist with their involvement with the Rapid HIV Testing.

Training and ongoing development will be based on the situations encountered in the delivery of the Rapid HIV testing service to ensure that it meets the needs of the clients who use it and the objectives of the service.
REFERENCES

Celia Fisher
Sexual Health Promotion Coordinator
LASS
Issue 2-2: May 2011
Updated references and associated documents.

Partners delivering POCT under the auspices of LASS should sign this guidance to agree to abide by these protocols in agreement with LASS.

For Partner Organisation (name):

Signature:............................ Name:............................ Date

For LASS:

Signature:............................ Name:............................ Date
## APPENDIX

### REFERRAL FORMS AND REFERRAL PATHWAYS AND PROTOCOLS

**Form 1: Test Record Form**

<table>
<thead>
<tr>
<th>NAME</th>
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<table>
<thead>
<tr>
<th>GENDER</th>
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</thead>
<tbody>
<tr>
<td>MALE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>CONTACT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
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</tr>
<tr>
<td>UNDER 16</td>
<td>16 - 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POST CODE</th>
<th>CITY / COUNTY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
</tr>
<tr>
<td>CARIBBEAN</td>
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<table>
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<th>SEXUAL ORIENTATION</th>
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</tbody>
</table>

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANGUAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF PREVIOUS TEST (MOST RECENT)</th>
</tr>
</thead>
</table>

I consent to having a Rapid HIV Test today:

Sign: ........................................... Date: ..............................

**STAFF ONLY**

<table>
<thead>
<tr>
<th>INFO GIVEN</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFERRAL</td>
<td>YES / NO</td>
<td>WHERE TO</td>
</tr>
<tr>
<td>TEST AGREED</td>
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</tr>
<tr>
<td>TEST GIVEN</td>
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</tr>
</tbody>
</table>

<table>
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<tr>
<th>RESULT STATUS</th>
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<th>NEGATIVE</th>
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**TEST KIT INFORMATION:**

<table>
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<tr>
<th>TYPE:</th>
<th>EXPIRY DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LOT / BATCH NUMBER:</th>
</tr>
</thead>
</table>

PTO for more sections
POST TEST NOTES
ADVICE PROVIDED:  YES     NO
CONDOMS TAKEN:     YES     NO

REASONS FOR THIS TEST IF REGULAR ATTENDEE FOR TESTING AND ADDITIONAL INFORMATION:
## Referral Form

<table>
<thead>
<tr>
<th>NAME</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
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<th>FEMALE</th>
<th>OTHER</th>
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### Date of Birth

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<th>16 - 18</th>
<th>19 - 30</th>
<th>31 – 40</th>
<th>41 – 59</th>
<th>OVER 60</th>
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<table>
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<tr>
<th>ADDRESS &amp; POST CODE</th>
<th></th>
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### Date of Previous Test (Most Recent)

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### Staff Only

<table>
<thead>
<tr>
<th>INFO GIVEN</th>
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<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
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<td>NO</td>
</tr>
<tr>
<td>STATUS</td>
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<td>NEGATIVE</td>
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</table>

**Test Kit Information:**

- **Type:**
- **Expiry Date:**
- **Lot / Batch Number:**

<table>
<thead>
<tr>
<th>TESTER: NAME</th>
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<table>
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<tr>
<th>SECOND REVIEW OF TEST: NAME</th>
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<table>
<thead>
<tr>
<th>Referred To / Fax to GUM: NAME</th>
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<table>
<thead>
<tr>
<th>Department</th>
<th></th>
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<table>
<thead>
<tr>
<th>Appointment Date &amp; Time</th>
<th></th>
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</table>

| Fax to GUM (0116 258 5005): |  |

Please note that all forms must be faxed to GUM before referral / appointments.