

UDOH EVALUATIONWEB® HIV TEST FORM

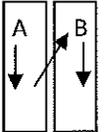
General instructions for completing the UDOH EvaluationWeb HIV Test Form

This HIV testing data collection form is provided to assist Local Health Departments and HIV Prevention grantees in collecting Utah HIV Testing data to report it as part of the State HIV Prevention Program Monitoring and Evaluation. This form is a mandated state form for use in the field.

- Part ONE—for all UDOH-funded testing events
- Part TWO—for recording linkage and referral data on all preliminary and confirmed HIV-positive clients

This form is specifically designed for direct HIV data entry into EvaluationWeb. The form follows the EvaluationWeb direct data entry screens beginning from top upper left column A to bottom left, then to upper right column B to bottom right.

Detailed instructions for completing the EvaluationWeb HIV Test Template



- The fields on this form reflect data requirements as described in the most current NHME Data Variable Set. Please note that all questions must be answered to fulfill CDC reporting requirements.
- Six data fields are mandatory(*) for a valid testing event: Form ID, Session Date, Program Announcement, Agency ID or CBO agency ID as applicable, Jurisdiction (populated automatically in EvaluationWeb) and Site ID.
- Write in the Form Identification (ID) number or adhere a sticker with the Form ID Number to each data entry page.
- There are three different response formats that you will use to record data: (1) text boxes, (2) check boxes and (3) fill-in ovals. Text boxes are used to write in information (codes and dates). Check boxes and fill-in ovals are used to select only one response, unless otherwise indicated on the template.
- Write in either the name **OR** the identification number for the Agency and Site. Do not write both.
- Write in the Site Type for this event. Page 2 lists codes for Site Type, Other Risk Factor(s), and Other Session Activities. Please refer to these codes for entry in Part One.
- For agencies directly entering data into EvaluationWeb, it may not be necessary to complete the fields Agency ID, Site Type, Site County and Site ZIP code as they will be pre-loaded by the system administrator. Except, when the form needs to be turned in to UDOH due to a preliminary positive result.
- For client county of residence, report the three-digit FIPS code for the county, not the county name.

For assistance with data reporting and submissions

- To add new local sites to your Agency, contact the UDOH EvaluationWeb Coordinator, Rob Sonoda at 801-538-6987 at rsonoda@utah.gov
- For questions about EvaluationWeb, contact the HELP DESK at Luther Consulting (help@lutherconsulting.com or 1-866-517-6570 option #1).
- Do not enter HCV data into EvaluationWeb. For questions about reporting and submitting HCV data, please contact, the UDOH HCV Coordinator, Heather Bush at 801-538-6194 at hbush@utah.gov

CDC assurance of confidentiality

The CDC Assurance of Confidentiality statement assures clients and agency staff that data collected and recorded on templates will be handled securely and confidentially. All CDC grantees are encouraged to include the CDC Assurance of Confidentiality statement on all HIV prevention program data collection templates.

Assurance of Confidentiality Statement:

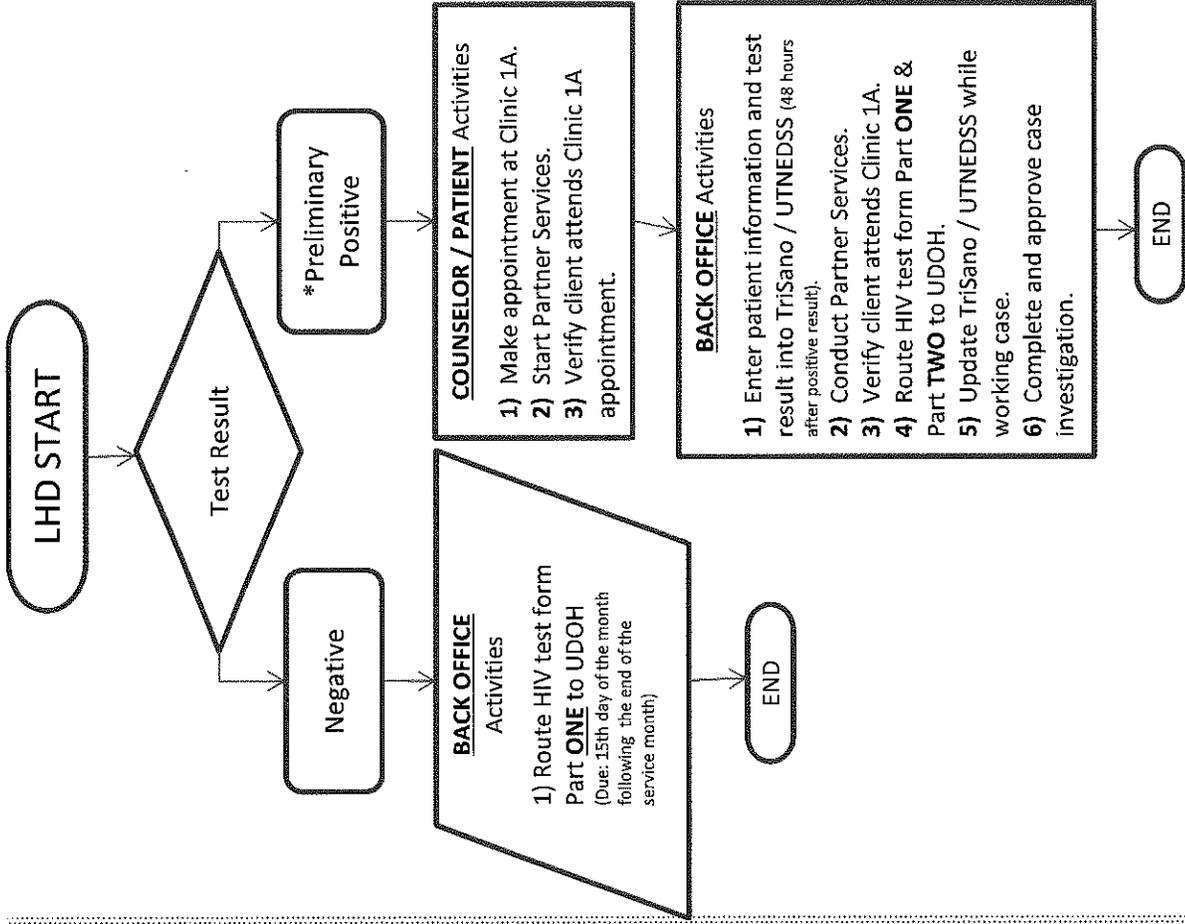
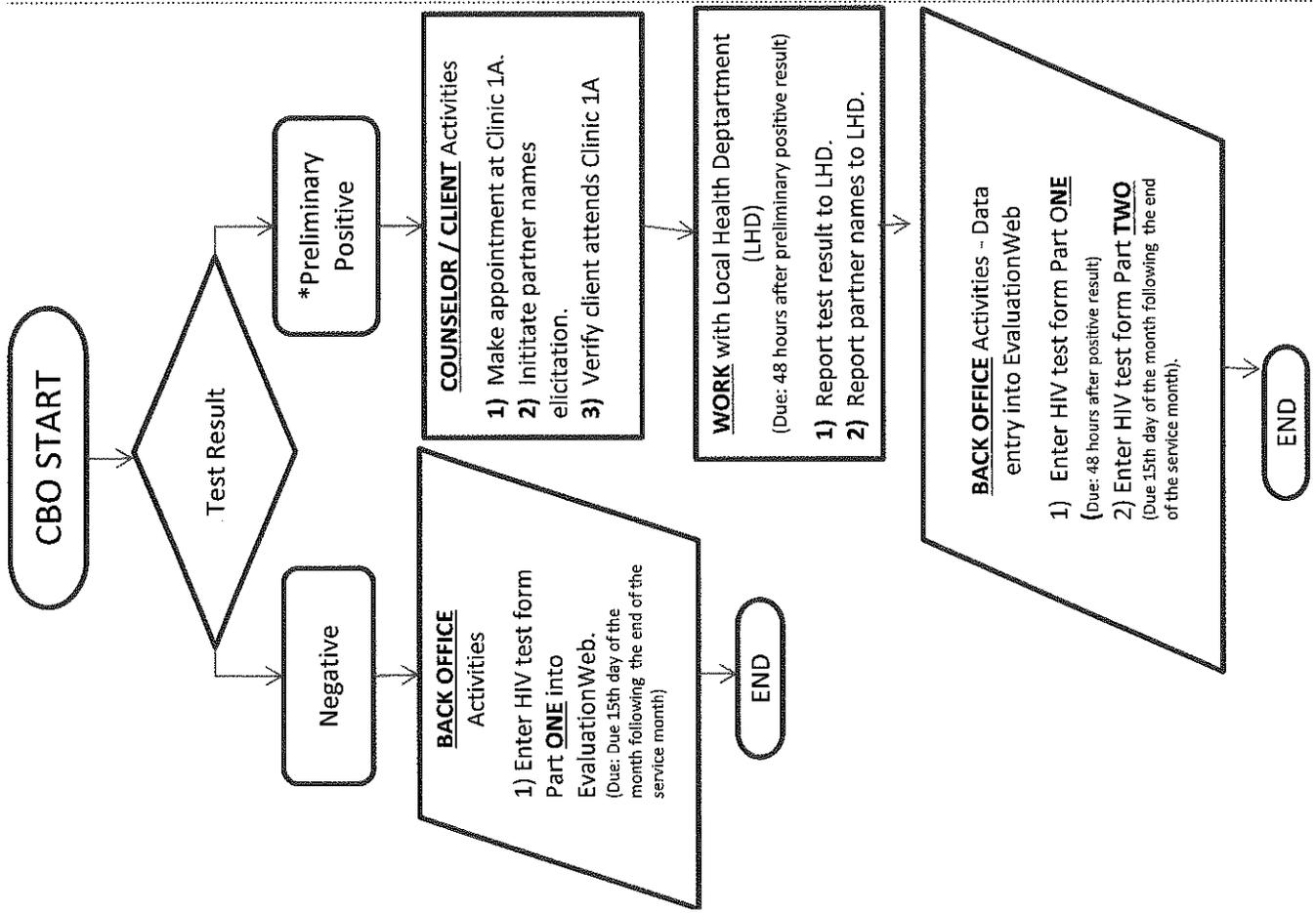
The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control HIV/AIDS. Information in CDC's HIV/AIDS National HIV Prevention Program Monitoring and Evaluation (NHME) system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting NHME information, or any institution with which that health care provider is associated will be protected under Section 308(d) of the Public Health Service Act. This protection for the NHME information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).

Form Approved: OMB No. 0920-0696, Exp. Date 3/31/2016

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia, 30333, ATTN: PRA 0920-0696. CDC 50.135b(E),10/2007

HIV Counseling and Testing

HIV Test Form Data Entry and Positive Result Flowchart



* All rapid HIV preliminary positive test results must be confirmed. Please refer to UDOH Rapid Testing Guidance.