INSTRUCTIONS for HIV/CD4 LABORATORY REPORTING FORM
DHMH Form 4492

As per Health General Article §18-205, laboratory reporting of confirmed positive HIV tests, including HIV viral load tests, and all CD4+ lymphocyte test results must be reported to the local health officer in your county or Baltimore City within 48 hours of receipt of the test result. Local health officers may instruct local laboratories to send results directly to the state health department. Laboratories located outside of Maryland should report results directly to the state health department at:

Maryland AIDS Administration, DHMH
Center for Surveillance and Epidemiology
500 N Calvert Street, 5th Floor
Baltimore MD 21202

Please Complete All Requested Information.

Use a medium blue or black ink pen when completing this form. It is important that you print legibly and only within the prescribed spaces. The information provide is used to conduct public health investigations and therefore it is important that reports are as complete as possible. Copies of this form may be downloaded from: http://dhmh.state.md.us/AIDS/ProviderResources/surveillance.htm

Lab Accession Number:
> Enter the unique number assigned by your laboratory for tracking purposes. This may be used to communicate with the laboratory about the report.

Medical Record Number:
> Please provide if available.

Patient Information
> Please complete all fields. If the patient is homeless write "Homeless" in the address field.

Specimen Collection Date:
> Enter the date that the specimen was collected. If not available, enter the date that the specimen was tested.

Specimen Type:
> Use codes on form.

Test Results:
> Mark type of test being reported. One form may be used to report multiple results for one person.

Ordering Physician:
> Enter the physician's first and last name. Enter the physician's phone number using area code and the physician's address as completely as possible.

Facility Code:
> A state health department assigned number for the physician's location. Enter only if you have received site-specific codes from the Maryland AIDS Administration.

Testing Laboratory:
> Enter the testing laboratory's CLIA #. Enter the CLIA # of any secondary or reference laboratory used in the "Sent to CLIA #" section.

Form Completion:
> The person completing this form must print their name and enter the date this form is completed.