INSTRUCTIONS for HIV/CD4 LABORATORY REPORTING FORM
MDH Form 4492

As per Health General Article §18-205, laboratory reporting of any test results designed to detect in a sample the presences of HIV infection, including negative results, must be reported to the local health officer in your county or Baltimore City within 48 hours of receipt of the test result. This includes any quantitative or qualitative HIV diagnostic tests, viral loads, including undetectable, any CD4+ cell test result, count or percent, and any HIV genotype sequence 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 Department of Health
Center for HIV Surveillance, Epidemiology, and Evaluation
500 North Calvert Street, 5th Floor
Baltimore, MD 21202

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: https://phpa.health.maryland.gov/OIDEOR/CHSE/Pages/reporting-material.aspx

Please Complete All Requested Information.

Patient Information
> All fields are required. If the patient is homeless write "Homeless" in the address field.

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.

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 with the same Lab Accession Number for one person. Be sure to check all appropriate boxes for each section being completed.

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

Testing Laboratory:
> Enter the testing laboratory's CLIA number. If a secondary or reference laboratory was used, check the "Specimen forwarded to Reference Laboratory" check box and enter the CLIA number of the secondary or reference laboratory 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.