

# FORM HIFM6 - HIV SEROLOGY RESULTS

Date of HIV Serology Testing: |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_||\_\_||\_\_|  
Day Month Year

- a) First Test Result (Check one): Positive  1  
Negative  2
  
- b) Second Test Result (Check one): Positive  1  
Negative  2
  
- c) Third Test Result (Check one): Positive  1  
Negative  2  
Not Needed  3
  
- d) Resulting HIV Status (Check one): Positive  1  
Negative  2

COMMENTS: \_\_\_\_\_  
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\_\_\_\_\_  
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<b>Hospital ID</b> (stick label here)
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