

# How to Fill out an HIV COUNSELING AND TESTING REPORT FORM (aka Bubble Sheet)

**IDENTIFICATION NO.**  
0026383485

**CLIENT CODE**  
AA

**HIV COUNSELING AND TESTING REPORT FORM**

**POSTTEST COUNSELING INFORMATION**

**CLIENT POSTTEST COUNSELIST**  
BB

**DATE OF POSTTEST COUNSELING**  
CC DD

**REASON FOR VISIT**  
EE

PLEASE REMOVE THIS PAGE BEFORE SCANNING

0026383485    0026383485

0026383485    0026383485

0026383485    0026383485

**IDENTIFICATION NO.**  
0026383485

**PROJ AREA**  
A

**SITE TYPE**  
B

**SITE NUMBER**  
C D

**PRETEST COUNSELOR**  
E

**DATE OF THIS VISIT**  
F

**CLIENT DEMOGRAPHIC INFORMATION**

**SEX**  
G

**RACE/ETHNICITY**  
I

**AGE**  
J

**STATE**  
K

**COUNTY**  
L

**ZIP CODE**  
M

**CLIENT CODE**  
N

**PRETEST COUNSELING INFORMATION**

**REASON FOR VISIT**  
O P

**SINCE 1990**  
Q R

**TESTING INFORMATION**

**CLIENT PREVIOUSLY TESTED?**  
S

**IF TESTED THIS YEAR, INDICATE TYPE**  
T

**IF NOT TESTED THIS VISIT, TEST RESULT INDICATE REASON**  
U V

**POSTTEST COUNSELING INFORMATION**

**CLIENT POSTTEST COUNSELIST**  
W

**DATE OF POSTTEST COUNSELING**  
X Y

**RESERVED FOR LOCAL USE**  
Z

## **PART A (RIGHT SIDE OF FORM)**

- A** The preprinted unique identification number assigned to the report form.
- B** In Georgia, the PROJ AREA number will always be 13".
- C, D** The SITE TYPE and SITE NUMBER fields combine to create a unique 5 digit number that identifies your facility, your SITE CODE. This combined number has been assigned to your site by the HIV CTS Program Manager of the state office. If your site has been doing HIV testing, it already has a site code. If you don't have or don't know your site code, please call HIV EIS Program Specialist Winona Holloway at 404-209-2020.

PLEASE NOTE: Site Type numbers are not used to indicate various services provided by your clinic, or the patient's reason for visit; DO NOT USE any numbers in these fields other than your designated assignment.

- E** Counselor numbers are assigned to staff at the local level (no letters, please). If less than 4 digits are assigned to a worker, begin each worker number with as many 0's as required to complete the field. For example: 0158, 0058, 0005.
- F** Darken the ovals indicating the day, month, and year of the patient visit.
- G** Indicate SEX
- H** Indicate the type of insurance the patient has in this section. This information can assist counselors in helping patients to determine health care options if the HIV test results are positive.
- I** Indicate the RACE/ETHNICITY of the patient.
- J** Indicate the AGE of the patient.
- K,L, M** Indicate the STATE, COUNTY and ZIP CODE where the patient lives, not where the HIV test was provided. (Refer to the **FIPS** list, below for the code for your county.) If your client lives outside of Georgia, call the state office.
- N** CLIENT CODE is not necessary for state required data collection. If you choose to use this field for site specific reasons, fill in the boxes, but not the bubbles.

- O** Mark only **one** primary reason that the client visited your clinic (ie family planning or STD related visit). In some cases, this will be the same as the primary *service* offered by your program. For example, if your facility is a drug treatment center, this field will *always* be Drug Treatment Related . Do not use Requesting HIV Test unless the client is a walk-in who specifically requests an HIV test and *no other service*. This field, properly used, provides accurate summaries on your site services and client types. (Note: Do not use Retest for any reason; this variable has been deleted).
- P** Indicate risk behaviors(s) of the client. **Mark all that apply.**
- Q** Indicate the risk behavior(s) of the client-s sexual partner(s). Mark all that apply. However, DO NOT mark person w/other HIV/AIDS risk . This is a redundant field and is not used today.
- R** Indicate any other risks that apply to the client. Note: Mark no acknowledged risk *only* for a person whose risk exposure is *not known, and no other category is marked*.
- S, T, U** Darken ovals as appropriate.
- V** Indicate the result of the HIV test received from your laboratory. Keep Part A (the right side of the form) at the testing site for up to 30 days after test results are posted to allow the client time to return for post test counseling and test results, and to enter this information on the form.
- W** If at the end of 30 days the client has not returned for the HIV test result, darken the oval to the left of NO and mail Part A (the right side of the form only) to the state office at the address listed below. If the client did receive the test results, darken the oval 1" to indicate YES .
- X, Y** Complete and mail Part C only if client returned for test results. Remember, Y must be right justified. Part C of the form (the left side) should be discarded if W, X and Y are completed on Part A.
- Z** RESERVED FOR LOCAL USE: If you test with **ORASURE**, enter "0 0" in the first two columns. Otherwise, do not use this field unless you have received specific instructions from the state office.

## **PART C (LEFT SIDE OF FORM)**

- AA** As in N on PART A, if you choose to use a client code in addition to the form ID number for site-specific reasons, fill in the boxes but not the bubbles.
- BB** If the patient has returned for HIV test results after Part A has been submitted, mail in Part C with the post test counseling information completed. If client does not receive test results, do not mail in Part C.
- CC** Complete date client returned for post test counseling.
- DD** Complete ID number of counselor who provided post test counseling
- EE** It is not necessary to fill in this information.

### **ALL FORMS ARE TO BE MAILED TO:**

Judi Duffy, HIV CTS Program Manager  
Prevention Services Branch  
2 Peachtree St NW, Room 12-224  
Atlanta, GA 30303-3186

(It is *not necessary* to mark outside envelopes HIV DATA ENCLOSED )

Please remember:

1. Do not bend, fold, hole punch or staple forms; the scanning sensors are very fragile.
2. Use a #2 lead pencil only - not ink.
3. Fill the response oval completely. Fill from the center of the oval outwards. Do NOT check, "X".
4. Keep the bottom carbon copy of the form for your records.
5. Submit the TOP COPY of the form to the state office (address above) on a weekly basis.
6. Don't forget to label *everything*, i.e., lab slip, blood tube, etc. with the ID number stickers provided.
7. Every HIV prevention testing and counseling episode *must* be documented with this standardized format and submitted to the STD/HIV Section at the state office (address above) on a regular basis.

This guide was prepared by Judi Duffy, HIV CTS Program Manager.  
If you have any questions, please call Winona Holloway, HIV EIS Program Specialist, at 404-209-1020.

[FIPS Codes below.](#)

**County FIPS (Federal Information Processing Standards) Codes**

**GEORGIA STATE CODE - 13**

001	APPLING	067	COBB	123	GILMER	189	MCDUFFIE	249	SCHLEY
003	ATKINSON	069	COFFEE	125	GLASCOCK	191	MCINTOSH	251	SCREVEN
005	BACON	071	COLQUITT	127	GLYNN	193	MACON	253	SEMINOLE
007	BAKER	073	COLUMBIA	129	GORDON	195	MADISON	255	SPALDING
009	BALDWIN	075	COOK	131	GRADY	197	MARION	257	STEPHENS
011	BANKS	077	COWETA	133	GREENE	199	MERIWETHER	259	STEWART
013	BARROW	079	CRAWFORD	135	GWINNETT	201	MILLER	261	SUMTER
015	BARTOW	081	CRISP	137	HABERSHAM	205	MITCHELL	263	TALBOT
017	BEN HILL	083	DADE	139	HALL	207	MONROE	265	TALIAFERRO
019	BERRIEN	085	DAWSON	141	HANCOCK	209	MONTGOMERY	267	TATNALL
021	BIBB	087	DECATUR	143	HARELSON	211	MORGAN	269	TAYLOR
023	BLECKLEY	089	DEKALB	145	HARRIS	213	MURRAY	271	TELFAIR
025	BRANTLEY	091	DODGE	147	HART	215	MUSCOGEE	273	TERRELL
027	BROOKS	093	DOOLY	149	HEARD	217	NEWTON	275	THOMAS
029	BRYAN	095	DOUGHERTY	151	HENRY	219	OCONEE	277	TIFT
031	BULLOCH	097	DOUGLAS	153	HOUSTON	221	OGLETHORPE	279	TOOMBS
033	BURKE	099	EARLY	155	IRWIN	223	PAULDING	281	TOWNS
035	BUTTS	101	ECHOLS	157	JACKSON	225	PEACH	283	TREUTLEN
037	CALHOUN	103	EFFINGHAM	159	JASPER	227	PICKENS	285	TROUP
039	CAMDEN	105	ELBERT	161	JEFF DAVIS	229	PIERCE	287	TURNER
043	CANDLER	107	EMANUEL	163	JEFFERSON	231	PIKE 233	289	TWIGGS
045	CARROLL	109	EVANS	165	JENKINS		POLK	291	UNION
047	CATOOSA	111	FANNIN	167	JOHNSON	235	PULASKI	293	UPSON
049	CHARLTON	113	FAYETTE	169	JONES	237	PUTNAM	295	WALKER
051	CHATHAM	115	FLOYD	171	LAMAR	239	QUITMAN	297	WALTON
053	CHATTAHOOCHEE	117	FORSYTH	173	LANIER	241	RABUN	299	WARE
055	CHATTOOGA	119	FRANKLIN	175	LAURENS	243	RANDOLPH	301	WARREN
057	CHEROKEE	121	FULTON	177	LEE	245	RICHMOND	303	WASHINGTON
059	CLARKE			179	LIBERTY	247	ROCKDALE	305	WAYNE
061	CLAY			181	LINCOLN			307	WEBSTER
063	CLAYTON			183	LONG			309	WHEELER
065	CLINCH			185	LOWNDES			311	WHITE
				187	LUMPKIN			313	WHITFIELD
								315	WILCOX
								317	WILKES
								319	WILKINSON
								321	WORTH