

### After completing this unit you will be able to :

### FOR COMPLETION OF THE NOMINAL TEST FORM

- Accurately complete the form that you will submit to the Public Health Ontario Laboratories (PHOL) for HIV rapid POC test results and additional HIV testing requests
- Use the stickers provided by the Ministry of Health to notify PHOL of HIV rapid testing results and request additional testing
- Complete the daily testing log to maintain the quality of testing at your site



## Record Keeping is Essential

Every time you do an POC HIV test for a client, you <u>MUST</u>:

- Complete an HIV Serology Requisition form. These can be downloaded from <u>https://www.publichealthontario.ca/</u>
- Make a log entry for the test on your site's daily log

These record-keeping steps are essential to provide accurate results for your clients and to maintain quality standards at your testing site.

Errors in this record keeping would be an incident that requires an investigation at your site. Ultimately effective record-keeping is necessary to maintain approval for testing at your site.

### HIV Rapid POC Training Program



### **HIV Serology Requisition**

This form is used when a client is requesting:

- Rapid POC testing done at your site
- Laboratory testing from the Public Health Ontario Laboratory (PHOL)

Whenever you do a valid POC test, you <u>must</u> submit a form to PHOL. Be sure to complete the form and **all of its fields** in full.

You only submit **ONE** form for each client, even if you are reporting a POC test result and requesting a follow-up test for confirmation or further window period screening.

HIV and HTLVI/HTLVII Serology HIV PCR Test Requisition	ALL Sections of this Form MUST be Completed		
Submitter	Patient Information		
Courier Code	mailti card to:	Medical record nn. (if applicatio):	
Preside Reside Address	Cole of Over analy and the	Res: C3# E1M E3T#* E3TM ************************************	
Autoriene Chy & Provinsie Provins Looin	Last name (per train conti	Post name: get in our call.	
	Addmas		
Submitter lab no. (if applicable):	Gitz	Pratial sode	
Clinician lettel / Sumane and OHIP / CPSD Number	237.1	and a second	
Tel: Fex	PHO study or program no. (Placetice	64e2	
cc Doctor/Qualified Health Care Provider Information			
Name Tel	Country of both:		
Lab/Clinic name:	Race/Ethnicity		
- Fax			
CP90 #	Block	0.0040	
Postal code:	First Nations C Maile C Isuit		
Specimen Details	Bouth Asian	St Lankan, Purgabi, Mangladash, Neport)	
Collection date of specimen Barriers  Type of apatimen Mode shoot Berum ACO/EDTA Persona Detes toods specification of the stress Detes toods specification of the stress HIV/HIV/I HIV/PCR (for infant diagnosits at It mos) Conversions	Southeast Asian     ce (Emme) Japanese. Vernamese. Cantoorian, Information,     regram, Flaphol     ArabiVest Asian (e.g. Annerean, Egystein, Israren, Lebenese, Monece     Loth Ameritam (e.g. Asiana, Generalione). Annerean     Other - includes wiveld ethnicity: specify		
Reason for Test (check all that apply)	Risk Factors (check all the Sex with women Sex with men Sex with men hijection drug use	п арріу)	
Trustate     Pre-stal     Known to be HIV positive (upped lise)     Pre-expected proof/state     Gymptome: - acute ser/convertion     Gymptome: - acute ser/convertion     Gymptome: - acute ser/convertion     Gymptome: - advanced disease(ADDS     Gymptome:	Dom in an HW endence country     Ceclebe counters in the Scheman Africa and the Certiblem)     Citato 14V- matter      Bex with a person who was known to be (check all that apply)     Hit/spositive     Using injection drugs     Bon in an NV-ondense occulty     (potales counting in the bisherin Africa and the Cartenary)     Citato 4 Search africa Country     Cother (e.g., choing linkst, stoat transform, needle stockocapational, lation,     packing), peake search;		
Previous Test Information Lat let result Pregetive Utilisnow Positive (n Ontario) Induterminate Positive (sublete Ontaris) Previous PHOL semple no:			



### Anonymized forms

In this module, we will discuss several scenarios that may occur when submitting a serology form to PHOL. Sometimes you will submit a form, but not a sample. This happens when:



- You did a POC test and it was nonreactive; there is no reason to request further follow-up testing
- There is a reason to recommend follow-up testing, but your client does not consent to submit a specimen to PHOL

In these circumstances, your client **should not be identified** to PHOL, and information like the client's name and date of birth should be excluded from the form (an *anonymized form*). However you must still submit a record of the test and information about the reason for the test and the client's risk factors.



# Workflow and the Serology Requisition

- Complete all sections as fully as possible.
- Complete the sections:
  - Reason for testing
  - Previous testing information
  - Race/Ethnicity
  - Risk factors



...while speaking with your client, during the HIV testing counselling appointment

**Do not complete the <u>patient information</u> section of the form until POC testing is complete.** The outcomes of the POC testing will determine whether or not you need to anonymize this information.

#### **MODULE:** Requisitions and Reporting (Nominal)

### HIV Rapid POC Training Program



## The Serology Requisition

- Your clinic will most often have pre-printed HIV Serology forms with this portion complete.
- If you need to complete it by hand, the doctor's name is the person who holds your site's medical directive and their CPSO# is used.

Where do you get forms when you need them (or more when you run out)? Ask about the practice at your site.

Healt	l Santé h publique Ontario
Ontario	Untario
	HTLVI/HTLVII Serology
	R Test Requisition
IN FC	R lest Requisition
Submitter	
	Courier Code
Provide Name Addrest City & P Postal c	rovince
Submitter la	b no. (if applicable):
Clinician Init	ial / Surname and OHIP / CPSO Number
Tel:	Fax:
cc Docto	r/Qualified Health Care Provider Information
Name:	Tel:
Lab/Clinic n	ame:
-	Fax:
CPSO #:	
Address:	
	Postal code:

### HIV Rapid POC Training Program

Pre-exposure prophylaxis

Post-exposure prophylaxis

Infant diagnosis ≤18 mos

Other, specify:

Prenatal

Reason for Test (check all that apply)

Symptoms - acute seroconversion

Symptoms - advanced disease/AIDS

(e.g. flu-like illness, fever, rash)

Visa/immigration requirement

Known to be HIV positive (repeat test)

Routine

Sexual assault



### Required Fields

Most tests will be **routine** – although you may identify additional reasons for testing, such as sexual assault or symptoms of acute HIV infection, when speaking with the client.

Complete this section based on your site's records of this client OR what the client tells you about their history.

Last test result:	
Negative	Unknown
Positive (in Ontario)	Indeterminate
Positive (outside Ontario)	Previous PHOL sample no.: It available

This information is often collected on your site's intake form. Some sites are able to print this information from their electric medical record as part of the patient identification sticker.

Co	untry of birth:
F	Race/Ethnicity:
	U White
	Black
	🗌 First Nations 🔲 Métis 🔄 Inuit
	South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)
	Southeast Asian (e.g. Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Korean, Filipino)
	Arab/West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan
	Latin American (e.g. Mexican, Central/South American)
	Other - includes mixed ethnicity; specify:

#### **MODULE:** Requisitions and Reporting (Nominal)

### **HIV Rapid POC Training Program**



### **Required Fields**

Collected during your risk assessment of the client

All <u>required</u> sections of the form are important for provincial planners to understand where more HIV prevention and care services are needed. They are not used to "track" individual patients.

w Se	x with women
M Se	x with men
🛄 Inj	ection drug use
	rn in an HIV-endemic country dudes countries in sub-Saharan Africa and the Caribbean)
C Ch	ild of HIV+ mother
Sex w	ith a person who was known to be (check all that apply)
Н	HIV-positive
1	Using injection drugs
2	Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)
6	A bisexual male
	ner (e.g. clotting factor, blood transfusion, needle stick/occupational, tattoo rcing), please specify:
pie	rcing), please specify:



Do not complete the <u>patient information</u> section of the form until POC testing is complete.

## When Submitting a Sample

- Be careful to enter the client's OHIP card number correctly and their <u>full date of birth</u>. This information is used by Public Health units to follow-up with clients for contact tracing.
- Make sure that the <u>specimen details</u> are complete. The tube of blood and the form must have the date you drew the blood. Both this date and the person's name must **MATCH**.
- You will usually be submitting serum (red top tube) and requesting a HIV1/HIV2 test

ALL Sections of this Form MUST be Completed

Health card no.:	Medical record no. (if applicable):
Date of Birth: yyyy / mm / dd	Sex: F M TF* M* *TF=transfemale (M to F); TM=transmale (F to M)
Last name: (per health card)	First name: (per health card)
Address:	
City:	Postal code:
	ible):

Type of specimen	: 🗌 Whole blood	X Serum
	ACD/EDTA	Plasma
	Dried blood spo	t (HIV PCR only)
Tests requested:	HIV1/HIV2	
	HIV PCR (for in	fant diagnosis ≤18 mos)
Comments:		



## When NOT Submitting a Sample

If only POC testing was done, the patient information should be limited. If you are <u>not submitting a sample</u> to PHOL:

- Only put the client's <u>year of birth</u> on the form
- Don't use the client's name, use an identification code

#### Suggested code

If you saw Jack Smith on July 3, 2019, the code could be:

JS-03072019

ALL Sections of this Form MUST be Completed

Patient Information	
Health card no.:	Medical record no. (if applicable):
Date of Birth: yyyy / mm / dd	Sex: □ F □ M □ TF* □ TM* *TF=transfemale (M to F); TM=transmale (F to M)
Last name: (per health card)	First name: (per health card)
Address:	
City:	Postal code:
PHO study or program no. (if appl	icable):

Your site will order stickers from the Ministry to flag forms that are not submitted with samples. We will review the sticker system, as we review possible testing scenarios.



### Testing Scenarios

Here are some scenarios you will encounter when testing clients :

- 1) Your client requests standard testing (You did not do a rapid test.)
- 2) You perform a rapid POC test it is non-reactive *and* outside the window period.
- 3) You perform a rapid POC test and it is non-reactive. However, the client is from a priority population, has had a very recent high risk exposure (in the last 2-4 weeks or with current signs of acute HIV infection).
- 4) You perform a rapid POC test and it is reactive.
- 5) Your client has two invalid POC tests, and you are submitting a sample for testing.

### **HIV Rapid POC Training Program**



## 1) Standard Testing

Some of your clients will choose to have a standard HIV test instead of a rapid test. After counselling and consent:

- Draw and label a tube of blood (red top tube)
- Complete the form fully, including the client's name and OHIP#
- Ensure that the name and date on the sample matches the name and date on the form.
- Submit the tube and requisition; enter the test on the daily log if this is the practice at your site.

### Book an appointment in approximately one week for the client to return for their result.

	 _
_	I
_	
	U

#### **No Sticker necessary**

### HIV Rapid POC Training Program



# 2) A Non-reactive POC Test

### After counselling and consent:

- You perform a POC test; it is non-reactive and the client is not in the window period
- Complete the patient information section using a code (not the client's name) and their year of birth; attach a GREEN "non-reactive" sticker
- Submit the requisition and enter this test on the daily log
- Complete post-test counselling. Advise client about further testing (follow-up testing on a high risk exposure or routine testing.)

NOTE: PHOL will issue a standard report for this submission, it can be discarded.





## 3) A Non-Reactive Window Period Test

After counselling and consent, you determine that:

The client is from a priority population and has had a **very recent** high risk exposure (in the last 2-4 weeks or with signs of acute HIV infection).

- Perform a POC test; it is non-reactive
- Recommend the client submit a standard test for p24 testing; if the client agrees, draw blood
- Complete the form fully, including the client's name and OHIP#; attach a YELLOW "non-reactive window period" sticker; ensure the name/date on the sample matches the name/date on the form
- Submit the requisition; enter the test on the daily log

### Complete post-test counselling. Book an appointment in one week to share results.

=	+	
	ive-Windov JDE sa	

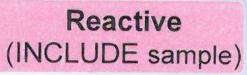


## 4) A Reactive POC Test

After counselling and consent:

- Perform a POC test; it is reactive
- Recommend client submit a standard test to confirm this result; if the client agrees, draw blood





- Complete the form fully, including the client's name and OHIP#; attach a PINK "reactive" sticker. Ensure the name/date on the sample matches the name/date on the form
- Submit the requisition; enter the test on the daily log

Complete post-test counselling. Book an appointment in one week to confirm result.



## 5) Two repeated Invalid tests

After counselling and consent:

- Perform a POC test; it is invalid. Repeat the test once; ensure a sufficient sample of blood. If is invalid again, don't throw out the test membranes.
- If TWO invalid tests have occurred, ask the client if you can draw blood for standard testing. Be reassuring, an invalid result, is not caused by the presence of HIV. It can have many underlying causes (most commonly adding too little sample to the test.)
- If the client agrees, draw blood (red top) for testing. Ensure the form is completed fully for standard testing; no sticker is needed. If the client declines standard testing, DO NOT SUBMIT A FORM as a valid test did not occur.
- Enter the record of both POC and standard tests on the daily log as well as an entry in the incident log for the invalid tests. Take a picture of the invalid membranes and notify the AIDS Bureau about the invalid tests.

#### Complete post-test counselling. Book an appointment in one week for results.



No Sticker necessary



### Forms without Samples – What Sticker do I use?

The purpose of the priority stickers is to clarify for PHOL staff what further actions to take. When you submit a form to PHOL but **NOT a blood sample,** you need to make it clear that a sample has not been lost.

- The most usual "no sample" situation is a nonreactive test , where the client is not in the window period, and no further testing is needed. Use the GREEN sticker.
- In other circumstances, this white sticker is added in addition to another sticker, to make it clear that a sample is intentionally absent:
  - Client had a reactive POC test and declined blood draw (PINK + WHITE)
  - Priority population client, had a very recent high risk exposure (3-4 weeks) and declined a blood draw (YELLOW + WHITE)
  - Priority population client, testing six weeks after a very high risk exposure (YELLOW + WHITE)
  - Client is NOT from a priority population and is in the window period, but has been deferred from blood draw (GREEN + WHITE)

#### Forms without samples should be <u>anonymized</u> (no name or date of birth; use code/year of birth only)

Nonreactive (NO sample)

blood sample not included

### Summary HIV Serology Requisition

Complete the form – for all POC tests add the appropriate sticker

Nonreactive (NO sample)

Nonreactive-Window Period (INCLUDE sample)

Reactive (INCLUDE sample)

Client declined

blood sample

Put second white sticker here if needed

ublic	Santé
_ Health	ontario
Ontario	Ontariò

For laboratory use only
Date received PHOL No
evyparimetrial

#### HIV and HTLVI/HTLVII Serology HIV PCR Test Requisition

ALL Sections of this Form MUST be Completed

Submitter	Patient Information							
Courier Code	Health card no.:	Medical record no. (Fapplicable):						
Provide Relation Address:	Date of Brits (1995 (1999 Cdd)	Seal O.F. D.M. DTP* DTM* "TF-transferade (M.K.T) TM*transferade (M.K.M.						
Alterna Cry & Presince	Last name: permitted) cost	First tarm						
Printer pada	Address	Adduse						
Submitter lab no. (if applicable):		Prote orde:						
Clinician Initial / Sumaria and OHP / CPSO Number	City							
Tet Fax:	PHO shuty or pregram no. (# applic	eble)						
cc Doctor/Qualified Health Care Provider Informatio	n Deurity of britts	Develop of Settle						
Name: Tel: _Tel: _Tel:TEl: _Tel: Tel: _TEL: Tel: _TEL: Tel: _TEL: Tel:	Race/Ethnicity							
Fax		- RaceEnnicty. - □Vhite - □Rack						
CPSO #								
Address: Postal code:	Inst Natione Métia Insut     South Assam     (e.g. Each Indue, Powsteri, Shi Lankan, Punjabi, Bangledeshi, Nepali)     Southoost Asiam     (e.g. Crimeia: Angenese, Vietnamese, Centoolian, Indonesian,     Konean, Figuraio     Arab/West Asiam is g. Armenian. Egyptian, Iranian, Lebanese, Naroccari)     Latim Armenican (e.g. Mexices, Centralificath American)     Cher - Includes mixed athracity; specify:							
Specimen Details Collector date of specimen:								
	Risk Factors (check all th							
Reason for Test (check stillhuit apply)	Sex with men	Reactive						
Prenatal	Injection drug-use	(INCLUDE sample						
Known to be HIV positive (repeat test)     Pre-exposure prophyla     Symptoms - acute seroconversion     Post-exposure prophyla	(B [Includes courries in sub-5	Born in an HIV-endemic country (includes countries in sub-Sataran Atrica and the Caribbash) Child of HIV+ mother						
(e.g. fa-like Breas, fever, rash) Symptoms - advanced disease/AIDS Sexual assault Visarimmigration requirement	Sex with a person who was	Sex with a person who was known to be (check all that apply)     If HIV-positive     Doing injection drugs     Born in all HIV-endemic country     Doing and HIV-endemic country						
Previous Test Information								
	🖂 Abisexual male	isod terrefusion, Headle afskillscolgational, tetor						
Last test result:		serve a store a store store store a store sto						
	plencing), prease specify.	Client declined						

Form No. F-SO-SIOG-1007 (01/14)



entry.

## The Daily Log

This is a screen shot of the daily log template. An entry must be made for every test you do.

	Client		POC Test	Р	OC result					PHL Re	sult						Tester's d Initials
Date	ID (or use e.g. practice	Risk	Lot and Expiry Date	Negative	Reactive	Invalid	Referred to PHL (Yes/No)	If POC is negative, reason for referral	Ag/Ab combo Screen	HIV1/HIV2 Antibody Confirm	Final Interpretation	Positive Negat		Positive Nega	alse gative	Date Reported	
	test)								Scieen	Commit	-	No	Yes	No	Yes		
															+		
								1									e sure sign ar
s pa	rt of	the l	og is u	sed to	make	د	This p	art of the l	og is	used f	for follov	v-up	of t	ests		date	_

This part of the log is used to make a record of any POC test.

This part of the log is used for follow-up of tests sent to PHOL and analysis of the returned results.



## The Daily Log – Record of a POC Test

#### Point-of-Care (POC) HIV Testing Record - Daily L

ſ		Client		POC Test	P			
	Date	ID (or use e.g. practice test)	Risk	Lot and Expiry Date	Negative	Reactive	Invalid	Referred to PHL (Yes/No)

Write the result in one of these three fields.

If sending a sample to PHOL say yes in the last field, shown here.

Use these four fields for every test you do:

When you did the test

+±+

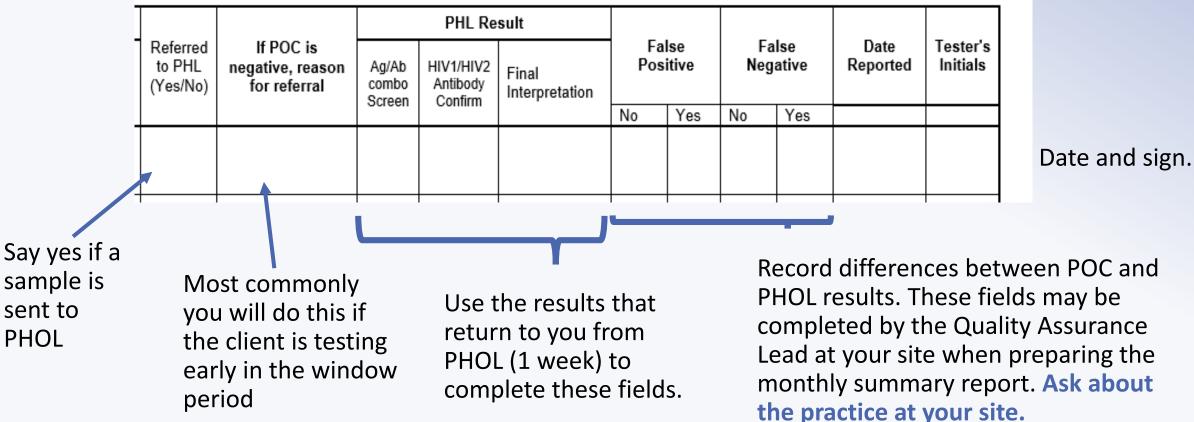
- Who you did the test for (most commonly a client name/number)
- The risk factors (usually abbreviated i.e. MSM, ACB, PWID, etc.)
- The lot number and expiry date of the kit you used

For Proficiency Tests, practice testing, or errors/damage, write what the test was used for across these fields



### The Daily Log – Record of a Sample Sent to PHOL

Daily Log





### The Daily Log

#### Point-of-Care (POC) HIV Testing Record - Daily Log

Ţ		Client ID (or use e.g. practice test)		POC Test Lot and Expiry Date	POC result				PHL Result									
Date	Date		Risk		Negative	Reactive	Invalid	Referred to PHL (Yes/No)	If POC is negative, reason for referral	Ag/Ab combo Screen	HIV1/HIV2 Antibody Confirm	Final Interpretation	False Positive		False Negative		Date Reported	Tester's Initials
L													No	Yes	No	Yes		

Record keeping in the Daily Log matters because:

- \* It lets you track what has been sent to PHOL for testing, to ensure all sent samples have a result returned
- It helps track the number of test kits used at your site, a total required when ordering new kits through the Inventory Management portal (www.hivpoct.ca)
- The log assists with quality assurance at your site, helping to identify any discrepancies between the POC test results you record and PHOL findings