

DOH Form 4159: "Report on Preliminary Positive HIV Test Results"

Important: *Do not submit this form if the mother is known to be HIV positive with documentation in the medical record!*

Purpose: To document each positive HIV test result obtained through expedited testing of the mother or newborn and to provide information about the subsequent provision of antiretroviral prophylaxis.

Important to Note: *It is the birth facility's responsibility to report each case of a preliminary positive expedited HIV test result, whether or not the confirmatory test is positive. The DOH 4159 form should be mailed or faxed to the Newborn Screening Program of Wadsworth Center (Fax 518-474-0405) no later than seven days after delivery. This timeframe provides ample opportunity for the completion of *all* preliminary and confirmatory HIV antibody testing.*

Follow these steps to insure accurate completion of the DOH 4068 form (Be sure the form you use is dated 10/00):

- 1) Read the directions on the back of the form! Step-by-step instructions are provided.
- 2) *Do not submit the form if the mother is known to be HIV positive with documentation in the medical record!*
- 3) Complete the demographic information completely (Sections I – V). Required information includes date and time of the mother's admission and the child's birth; mother and baby's medical record numbers; name and title of person completing the form.
- 4) Accurately record the expedited HIV testing history (Section VI). You will need to know:
 - (i) Who was tested – mother, baby, or both?
 - (ii) What was the date and time of specimen collection?
 - (iii) What was the source of the specimen? (e.g., venous or cord blood)
 - (iv) What laboratory performed preliminary and confirmatory testing? For example: if testing is initially done by the birth facility (e.g. OraQuick, Reveal or ELISA) and then sent to a commercial laboratory for confirmatory testing (e.g. Western Blot), the facility's name would appear as "Screening Test Laboratory" and the commercial lab would be "Confirmatory Testing Laboratory".
 - (v) Enter the dates and times that expedited HIV test and confirmatory test results were received.
- 5) Complete section VII. Indicate the start date and time of intrapartum of newborn antiretroviral therapy, or give reason for not initiating therapy.
- 6) Distribute the forms as indicated (copy to NYSDOH, HIV designee, and the mother's and baby's medical records).

Remember: Be sure to complete all applicable fields! *Missing information will necessitate a telephone call to the person who completed the form and/or a site visit to the birth facility by NYSDOH staff to retrieve the data.*

Still have questions? Please call 518-486-6048 for assistance.