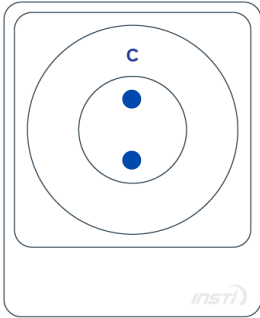


HIV CONFIRMATORY TESTING

Patient instruction sheet



If your HIV test looks like this, you have a **positive result**.

If your HIV test **doesn't** look like this, you **do not** have a positive result.

No matter the result, contact the GetaKit team to talk further at **getakit.ca/contact**

How are you feeling?

If your result was positive, you might be having many different feelings and questions. To support you with this, you may want to reach out to friends, family, peer groups, or others. A list of resources is available here **getakit.ca/resources**

What about disclosure?

It is important to understand your rights and how the law impacts you before you disclose your HIV status. Legally, you do not have to tell most people you are HIV-positive, but it can be considered a crime not to tell a sexual partner. To better understand the law, contact the HIV & AIDS Legal Clinic Ontario at **halco.org** or 416-370-7790 or 1-888-705-8889 (toll-free).

What about confirmatory testing?

Medically, the next step is to complete a blood test to confirm your positive self-test result. This can be done anonymously or by using your name. If you do this test using your name, it will be reported to your local public health unit. They will contact you about follow-up HIV care and help your partner(s) access testing and care. Review the previous section about disclosure. To do testing using your name, print this document and take it to a walk-in clinic, a local sexual health clinic, your family physician, or nurse practitioner. If you prefer to do anonymous testing, you can find a location here **hivtestingontario.ca/poc/anonymous-testing**

You can still be linked to HIV care with anonymous testing.

What about other testing?

As part of doing confirmatory HIV testing, it might also be a good idea to do testing for other sexually transmitted infections. This would include blood testing for syphilis and hepatitis B and C, as well as swabs and/or urine testing for gonorrhea and chlamydia. Take this document to a walk-in clinic, a local sexual health clinic, your family physician, or nurse practitioner.

HIV CONFIRMATORY TESTING

Clinician instruction sheet

This patient has performed a bioLytical INSTI® HIV self-test and obtained a **positive result** through the GetaKit project (getakit.ca). The INSTI® test has a sensitivity of 99.9% and a specificity of 99.5%, this result requires confirmation with an HIV blood test. Although confirmatory testing is required, please consider this result as positive until proven otherwise.

Details about public health reporting, follow-up testing, and types of testing are included on the previous page. Please be sure to review these with the patient. Also, please provide additional counselling and support as the patient may require.

Attached to this document you will find the Public Health Ontario Laboratory (PHOL) requisition for HIV. This is the normal requisition, but has a **PHOL number on it**. It also has me copied for results. To submit this requisition, please complete the highlighted items:

- Submitter (your information)
- Specimen details (date)
- Patient information (name, DOB, health card, sex, etc.)
- Country of Birth
- Race/Ethnicity
- Risk Factors

You will remain the ordering and most responsible provider for this test if you use this requisition. If using a routine PHOL requisition for HIV testing, please add in the PHOL study number:

OTT_SLF_TST2020.

As part of performing HIV testing, please consider additional testing. Depending on patient risk factors and reported sexual and drug use practices, this would include:

- Gonorrhea and Chlamydia (oral, rectal, vaginal, and/or urine)
- Syphilis (serology)
- Hepatitis B & C (serology)

If you have any questions, do not hesitate to contact our team at getakiteottawa.ca. Other contact details are available at getakit.ca/contact.

Best,

Patrick O'Byrne

Patrick O'Byrne RN-EC PhD
Full Professor / Nurse Practitioner
University of Ottawa
School of Nursing

HIV Serology HIV PCR Test Requisition

For laboratory use only	
Date received (yyyy/mm/dd):	PHOL No.:

ALL Sections of this form must be completed at every visit

1 - Submitter

Name
Address
City & Province
Postal Code

2 - Patient Information

Health Card No.:		Medical Record No.:	
Date of Birth (yyyy/mm/dd):	Sex:	M	F
		TM*	TF*
		*TF = transfemale (M to F); TM = transmale (F to M)	

Last Name:	First Name:
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Address:

City:	Postal Code:
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PHO study or program no. (if applicable):

Submitter lab no. number (if applicable):

Clinician initial / Surname and OHIP / CPSO No.:

Telephone:	Fax:
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cc Doctor / Qualified Health Care Provider Information

Name: Telephone:

Lab / Clinic Name: Fax: (755) 444-7559

CPSO No.:

Address:	Postal Code:
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3 - Country of Birth:

4 - Race Ethnicity (check all that apply)

White	Southeast / East Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent; Chinese, Korean, Japanese, Taiwanese descent)
Black	
First Nations	
Métis	
Inuit	Arab / West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan)
South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, Nepali)	Latin American (e.g. Mexican, Central / South American)
Other, please specify:	

6 - Specimen Details

Collection date of specimen (yyyy/mm/dd):

Type of specimen:	Whole blood ACD / EDTA	Dried blood spot (HIV PCR only)	Serum Plasma
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Tests requested: HIV1 / HIV2 HIV PCR (for infant diagnosis ≤18 months)

Comments:

7 - Reason for Test (check all that apply)

Routine	Prenatal
Known to be HIV positive (repeat test)	Pre-exposure prophylaxis
Symptoms - acute seroconversion (e.g. flu-like illness, fever, rash)	Post-exposure prophylaxis
Symptoms - advanced disease / AIDS	Infant diagnosis ≤18 months
Sexual assault	Self-test; result: POS NEG Invalid
Visa / immigration requirement	Other, please specify:

5 - Risk Factors (check all that apply)

<input type="checkbox"/> W Sex with women	<input type="checkbox"/> Sex with a person who was known to be:
<input type="checkbox"/> M Sex with men	<input type="checkbox"/> H HIV-positive
<input type="checkbox"/> I Injection drug use	<input type="checkbox"/> 1 Using injection drugs
<input type="checkbox"/> E Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)	<input type="checkbox"/> 2 Born in an HIV-endemic country (includes countries in sub-Saharan Africa and the Caribbean)
<input type="checkbox"/> C Child of HIV+ mother	<input type="checkbox"/> 6 A bisexual male
<input type="checkbox"/> O Other, please specify:	

8 - Previous Test Information

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

CONFIDENTIAL WHEN COMPLETED

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.

Form No. F-SD-SCG-1001 (21/03/23).