Confidential HIV Case Report

State regulations* require reporting of all HIV infection diagnosed or treated in New Mexico.
Reports may be phoned to: (505) 476-3515 or securely faxed to (505) 476-3544, or mailed to:

New Mexico Department of Health
1190 St. Francis Dr., N 1359
Santa Fe, NM 87502-6110
Attn: Surveillance Coordinator

Person Completing Form:____________________________ **Facility:**________________________ **Phone:**__________________**Date:**__________

Patient Name____ **Date of Birth**_________________ **Phone**___________________________

Patient Alias____ **Patient Maiden Name**____

Current Address_________________________________ **City**____________________ **County** ________________ **State**______ **Zip Code**___________

Sex at Birth □Male □Female **Current Gender** □ Male □ Female □ Transgender Male to Female (MTF) □ Transgender Female to Male (FTM) □ Unknown □ Other gender (specify) ____

Is patient currently pregnant? □ Yes □ No □ Unknown **If yes, expected date of delivery** ____________________________

Ethnicity □Hispanic □Non-Hispanic **Race** □ White □ Native Am □ African Am □ Asian/Pacific Islander □ Other____________________________ *(Specify)*

Social Security # _________________________________ **Country of Birth**______________________

Vital Status □Living □Deceased **Date of Death** __________________________ **Place of Death**____ *(City, State)*

Sex with male □ Yes □ No □ Unknown **Sex with female** □ Yes □ No □ Unknown **Injected non-prescription drugs** □ Yes □ No □ Unknown

Received clotting factor before diagnosis □ Yes □ No □ Unknown **If yes, specify** □ Factor VIII □ Factor IX □ Other

Received transfusion of blood components before diagnosis □ Yes □ No □ Unknown **If yes, specify year** First _________ Last ________

Received tissue/organ transplant or artificial insemination before diagnosis □ Yes □ No □ Unknown **If yes, specify year**_____________

Worked in health-care or clinical laboratory setting before diagnosis □ Yes □ No □ Unknown **If yes, specify year** ______________

HETEROSEXUAL RELATIONS WITH ANY OF THE FOLLOWING ***(applies only to those reporting heterosexual contact):***

Injection drug user □ Yes □ No □ Unknown **Bisexual male** □ Yes □ No □ Unknown

Person with hemophilia/coagulation disorder □ Yes □ No □ Unknown **Transfusion recipient** □ Yes □ No □ Unknown

Transplant recipient □ Yes □ No □ Unknown **Person with documented HIV Infection or AIDS** □ Yes □ No □ Unknown

Earliest HIV diagnosis date _________________ **Test type(s)** □ **EIA/ELISA** □ **WB** □ **Multispot** □ **detectable viral load** _______________**copies/ml**

Residence at HIV diagnosis ______________________________________ *(City, State)* **Facility of HIV diagnosis** ____

Ever progressed to AIDS □ **Yes** □ **No** □ **Unknown** *(if No or Unknown, skip this section)*

Earliest AIDS diagnosis date ___________________________ □ **CD4 count < 200** _____________________ *(CD4 count result)* □ **CD4 % < 14** ____________________ *(CD4 % result)*

Residence at AIDS diagnosis ______________________________________ *(City, State)* **Facility of AIDS diagnosis** ____

Opportunistic Illness(es) □ **Yes** □ **None** **If yes, list OIs** ____

OPTIONAL/ADDITIONAL Test Information *(most recent)*

Test	Collection date	Result
□ **EIA/ELISA**	**Collection date** ___________________________	**Result** □ **Positive** □ **Negative**
□ **Western Blot**	**Collection date** ___________________________	**Result** □ **Positive** □ **Negative** □ **Indeterminate**
□ **Multispot**	**Collection date** ___________________________	**Result** □ **HIV-1** □ **HIV-2** □ **HIV-1 p24 Ag**
□ **Viral Load**	**Collection date** ___________________________	**Result** __________________ **copies/ml** ***OR*** □ **Detected (qualitative)**
□ **CD4**	**Collection date** ___________________________	**Result** __________________ **ct** ____________ **%**

Current Physician ____ **Performing Laboratory** ____

NMDOH use only

STATENO __________________________________ **PRISM ID** _________________________ **Soundex** ____________________ □ **No matches**

Revised Sept 2013 *7 NMAC 4.3, 2012