



NOTICE OF

COURT MANDATE FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST

(This section to be completed by the Judge or Prosecutor at time of conviction for prostitution, procurement for the purpose of prostitution, rape, sodomy, or sexual abuse. See Routing Procedures at bottom of this section.)

In accordance with KRS Chapter 529, Prostitution Offenses KRS Chapter 510, Sexual Offenses KRS 635.110, Youthful Offender Sexual Offense (Name of person to be tested) _____

is ordered to the _____,
 (Local health department or other designated site) Address

_____ at _____, _____
 City, State and Zip Code Time Date

to have a blood specimen collected for the detection of HIV infection and that the specimen be submitted to the Division of Laboratory Services, Frankfort, for testing. Photo identification will be required.

Department of Juvenile Justice
 1025 Capital Center Drive
 Frankfort, Kentucky 40601

Dept. of Corrections
 Medical Director
 275 East Main Street
 Frankfort, Kentucky 40601

 Name of Prosecutor (Type or Print)

 Address (Type or Print)

 Telephone

Routing Procedures - Give person, if juvenile to parent or guardian, to be tested copy 5 (golden rod). Keep copy 4 (pink) and send copies 1 (white) 2 (green) and 3 (canary) to the local health department or designated test site.

IMPORTANT: Please provide all requested information.

SECTION 1

(This section to be completed by the local health department or designated testing site referenced in Section 1. See Routing Procedures at bottom of this section.)

Check Appropriate Box:

This is to certify that a person identifying himself/herself as _____, was present
 Name of Person
 for HIV testing on _____ and a specimen of blood was collected and
 Date
 forwarded to the Division of Laboratory Services, Frankfort, for HIV testing.

The person referred to in section 1 was not present for HIV testing as ordered.

 Signature (Health Department or Testing Site Official) Date

Routing Procedures - If the person presents for testing, return copy 3 (canary) to the Prosecutor and forward copies 1 and 2 (white and green) to the Division of Laboratory Services, Frankfort. If the person was not present on date ordered, return all copies to the Prosecutor.

IMPORTANT: Please provide all requested information.

SECTION 2

(This section to be completed by the local health department or designated testing site at the time of specimen collection and by the Division of Laboratory Services at time of processing. See Routing Procedures at bottom of this section.)

MANDATED HIV TEST

LABORATORY FINDINGS

 Patient's Name

 Address

County	Age	Sex	Race
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 Patient's Social Security Number

SPECIMEN SUBMITTED:

blood serum

DATE OF COLLECTION

Month _____ Day _____ Year _____

Questions about this report should be directed to:
Director, Division of Laboratory Services
100 Sower Blvd., Suite 204
Frankfort, Kentucky 40601
Phone: (502) 564-4446

SPECIMEN UNSATISFACTORY:

broken in transit chylous hemolyzed
 insufficient quantity laboratory accident other _____

ELISA - Enzyme - Linked Immunosorbent Assay

non - reactive: No serologic evidence of antibody to HIV-1 or HIV-2.
 repeatedly reactive: Confirmatory testing required.

CONFIRMATORY TEST PERFORMED: WESTERN BLOT- HIV-1, ELISA- HIV-2

No antibody to HIV-1 detected.
 No antibody to HIV-2 detected.
 Antibody to HIV-1 detected.
 Antibody to HIV-2 detected.
 indeterminate: Testing inconclusive - Please submit an additional specimen as clinically indicated or in six weeks per CDC guidelines.

Date Received	Laboratory #	Date Reported	Technologist
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SUMMARY LABORATORY REPORT:

Laboratory findings consistent with HIV-1 infection.
 Laboratory findings consistent with HIV-2 infection.
 No laboratory evidence of HIV infection.
 Additional testing required.

Routing Procedures - Division of Laboratory Services will forward copy 1 (white) to Prosecutor if testing pursuant to KRS Ch. 529 or Department of Juvenile Justice if testing pursuant to KRS 635.110 or Dept. of Corrections (if positive) if testing pursuant to KRS Ch. 510 and retain copy 2 (green).

SECTION 3