



PREGNANT WOMEN HIV TEST HISTORY & ASSESSMENT

State Form 52048 (R / 3-11)
INDIANA STATE DEPARTMENT OF HEALTH

Date of completion (month, day, year)

Prenatal Care Provider Section

Mother's Name _____ Date of Birth (month, day, year) _____
Last First MI

Was a Standard Licensed Diagnostic Test for HIV performed for the mother?

Yes Test was performed during pregnancy.

Status as determined by test:

- Positive
- Negative
- Indeterminate

Method(s) of test:

- Rapid
- Conventional

The patient has NOT been informed of her HIV test results.

Why not?

- Did not return for prenatal care and unable to locate.
- Transferred health care providers, medical record forwarded to new site.
- Other _____

No Test was not performed during pregnancy.

- Mother refused – Reason for refusal _____
- Test was not offered
- Already known to be HIV infected
- Other _____

Confirm Case report has been filed with Indiana State Department of Health (ISDH) – ISDH Office of Clinical Data and Research (317) 233-7406.

Pregnant women who test HIV positive and meet all qualifications are eligible to participate in the AIDS Drug Assistance Program (ADAP), or any other health care program of the state. HIV positive pregnant women will be given first priority on a waiting list for the program if a waiting list exists. For Special Support or Assistance call 317-233-7499.

A copy of the form must be:

Kept in the mother's medical file

Kept in the baby's medical file

A copy must be mailed to the Indiana State Department of Health at 2 N. Meridian St. 6-C Indianapolis, IN 46204.

IC 16-41-6-12 mandates the distribution and completion of this form.

IC 15-41-6-4 allows the newborn baby to be HIV tested within the first 48 hours of life if the mother has refused to be tested if the physician believes it to be medically necessary.

Assurance of compliance will be accomplished by several means including random sampling, surveys, and site visits.

