Date of completion (month, day, year)

Prenatal Care Provider Section

Mother's N	ame			Date of Birth (month, day, year)
	Last	First	MI	<u> </u>
Was a Stan	dard Licensed Diagn	ostic Test for HIV perfo	rmed for the mother?	
Yes Tes	t was performed du	ring pregnancy.		
Sta	tus as determined b Positive Negative Indeterminate	y test:		
Me	thod(s) of test: Rapid Conventional			
	The patient has NO Why not?	T been informed of her	HIV test results.	
	Did not return f	or prenatal care and u	nable to locate.	
	_	alth care providers, med		
☐ No Test	was not performed	during pregnancy.		
	Mother refused – R Test was not offere	eason for refusal		
	Already known to b			
	n Case report has be 317) 233-7406.	en filed with Indiana St	ate Department of He	alth (ISDH) – ISDH Office of Clinical Data and
_			_	e to participate in the AIDS Drug Assistance pregnant women will be given first priority

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.

on a waiting list for the program if a waiting list exists. For Special Support or Assistance call 317-233-7499.

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.

PREGNANT WOMEN HIV TEST HISTORY & ASSESSMENT (continued)

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

Date of	completion	(month,	day,	year)

Hospital OB Section

Mother's Name		Date of Birth (month, day, yea	r)				
Last First	MI	- 					
Name of Place of Delivery							
HIV Testing Documented from Prenatal Care Pr	ovider?	☐ No					
If no documentation that HIV test was performed during this pregnancy by prenatal care provider:							
Was a Standard Licensed Diagnostic Test for HIV performed for the mother at your facility?							
Yes							
Type of test performed: Rapid Test Conventional Blood Draw Test No	When was test performed During labor Postpartum	ed: Status as determined b Positive Negative Indeterminate	y test:				
If no, why not?: Mother refused Already known to be HIV infected Other							
If the mother refused testing, was the baby screened with a rapid test within the first forty-eight (48) hours of life?							
☐ Yes ☐ No ☐ Unknown							
If the mother's preliminary test was positive, w	as a confirmatory test cor	npleted? Yes	☐ No				
☐ The patient has been informed of her HIV to	est results.						
Pregnant women who test HIV positive and me Program (ADAP), or any other health care progr on a waiting list for the program if a waiting list	ram of the state. HIV posi	tive pregnant women will be gi	ven first priority				

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.

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