testTEXAS HIV Coalition

1. Were you aware of the 2006 CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings?

☐ Yes ☐ No

2. Is opt-out HIV testing available for your patients as a routine part of their healthcare as recommended in the 2006 CDC Guidelines? In other words, is an HIV test presented (not offered) to the patient as a routine test everyone their age receives?

☐ Yes ☐ No

3. If you answered Yes to Question 2, how many patients tested positive in the past year?

_____

4. If you answered Yes to Question 2, what testing technology do you use? (e.g. rapid test kit, conventional lab testing)

_____

5. If you answered No to Question 2, please tell us why it is not included. Choose all that apply.

- ☐ Cost – Too expensive, not covered by third party payors
- ☐ Time - It would take too long
- ☐ Staff reaction – HIV positive results would be too difficult to deal with
- ☐ Patient population – My patients are not at risk for HIV
- ☐ Patient response - It would be offensive to my patients
- ☐ Lack of care – Care is not available
- ☐ Other: _____

6. Please describe information you would find useful regarding:

Testing technologies _____

Reimbursement _____

How to implement routine HIV testing _____

How to train staff _____

Patient referral information and resources _____

Other _____

7. Would you be interested in learning more about routine opt-out HIV testing?

☐ Yes ☐ No

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8. If you answered Yes to Question 7, please provide your contact info.

Name _____

Company:_____

Address:_____

Address 2:_____

City/Town:_____State:_____

ZIP/Postal Code:_____Country:_____

Email Address:_____

Phone Number:_____

Thank you for your time!

Please fax, e-mail or mail this completed survey to:

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