UMDNJ
ROBERT WOOD JOHNSON MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

ORAQUICK PRELIMINARY POSITIVE RESULT FORM

Client ID: _____ Date of Preliminary Positive: _____

CTS Site: _____ Counselor: _____

OraQuick Result

OraQuick specimen (circle one): Oral Fingerstick Venipuncture

OraQuick Lot Number: _____

T-line intensity (check one):

_____ T-line color WEAKER than C line
_____ T-line color EQUAL to C line
_____ T-line color STRONGER than C line

Confirmatory sample (circle one): Fingerstick Venipuncture

Who collected confirmatory sample: _____

Fax to (732) 743-3632 when OraQuick Result part is completed

Confirmatory Result

Date confirmatory result received from state lab: _____

Confirmatory result: _____

Fax to (732) 743-3632 when Confirmatory Result is received.

Client Notification

Date confirmatory result shared with patient: _____
-or-
Date client referred to NAP: _____

Fax to (732) 743-3632 when Client or NAP is notified.

For program use only. Do not give this form to the client**.**