

**RAPID HIV AND HCV INVALID TEST REPORT FORM**

North Dakota Department of Health  
Division of Sexually Transmitted and Bloodborne Diseases  
SFN 60847 (Rev. 07/2021)

**Counseling, Testing and Referral Site**

Facility Name	Report Date	
Street Address	City	ZIP Code
Contact Person	Telephone Number	

**Invalid Rapid HIV/HCV Test**

Date of Invalid Test	Type of Test: <input type="checkbox"/> Chembio SURE CHECK® HIV 1/2 <input type="checkbox"/> OraQuick® HCV	
Lot Number	Expiration Date of Test	Date of Last Control

**Invalid Rapid HIV/HCV Test Result**

<input type="checkbox"/> Test kit was spilled	<input type="checkbox"/> Test or control line outside valid area (too high or too low)
<input type="checkbox"/> Test kit was stored out of temp. range	<input type="checkbox"/> Test or control line did not extend across the window
<input type="checkbox"/> Result read too early or too late	<input type="checkbox"/> Other reason (explain below)
<input type="checkbox"/> Test kit was expired	<input type="checkbox"/> Reason unknown – please describe appearance of result window (e.g., line at T but not at C, pink result window, etc.). Explain below.
<input type="checkbox"/> Forgot to insert a sample	
<input type="checkbox"/> No control line	
<i>Explain Discrepancy of Test</i>	

**Quality Assurance**

<i>Describe quality assurance follow-up procedures that were conducted to resolve this problem and prevent it from reoccurring (i.e., check storage temperature ranges, inspect expiration dates, and/or verify proper testing techniques).</i>

**Completed Form: Fax form to the Division of Sexually Transmitted and Bloodborne Diseases at 701.328.2499 or email form to the HIV.STI.Hepatitis Prevention Coordinator.**