# GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- **DO NOT USE WHITE OUT**. White out sometimes will cause a mis-read by the scanning software.
- **DO NOT** mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the carbonless copy (yellow) to Part 2 and/or Part 3 in order to link a client's information.
    - Part 1 should be used for all testing events
    - Part 2 should be used to record referral data on **confirmed HIV positive** clients
    - Part 3 is used by jurisdictions funded to collect HIV Incidence data.

**RESPONSE FORMATS**

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

**Text boxes**

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

**LETTERS**

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**NUMBERS**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|

**Check boxes**

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- use an "X" instead of a check mark because the tail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

**Radio buttons**

Radio buttons are ovals used to select <u>only one</u> option from among two or more options. For example, radio buttons are used to select "Current Gender." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.

Printed Barcode

# HIV TEST FORM

## PART 1

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

CDC — Centers for Disease Control and Prevention

## Agency

Session Date (MMDDYYYY) | Unique Agency ID Number | Intervention ID

Site ID | Site Type (See codes on reverse) | Site Zip Code

## Client

Client ID | Date of Birth (MMDDYYYY) | State | County | Zip Code

**Ethnicity**
- Hispanic or Latino
- Not Hispanic or Latino
- Don't know
- Declined

**Race — *Check all that apply***
- American Ind./AK Native
- Asian
- Black/African American
- Native HI/Pac. Islander
- White
- Don't know
- Declined

**Current Gender**
- Male
- Female
- Transgender – M2F
- Transgender – F2M

**Previous HIV Test?**
- Yes
- No
- Don't know
- Declined
- Not asked

**Self-Reported Result**
- Positive
- Negative
- Prelim. Pos.
- Indeterminate
- Don't know
- Declined
- Not asked

*Provide date of last test* (MMYYYY)

## HIV Test Information

| | HIV TEST 1 | HIV TEST 2 | HIV TEST 3 |
|---|---|---|---|
| Sample Date (MMDDYYYY) | | | |
| Worker ID | | | |
| Test Election | Tested anonymously<br>Tested confidentially<br>Declined testing | Tested anonymously<br>Tested confidentially<br>Declined testing | Tested anonymously<br>Tested confidentially<br>Declined testing |
| Test Technology | Conventional<br>Rapid<br>Other | Conventional<br>Rapid<br>Other | Conventional<br>Rapid<br>Other |
| Specimen Type | Blood: finger stick<br>Blood: venipuncture<br>Blood spot<br>Oral mucosal transudate<br>Urine | Blood: finger stick<br>Blood: venipuncture<br>Blood spot<br>Oral mucosal transudate<br>Urine | Blood: finger stick<br>Blood: venipuncture<br>Blood spot<br>Oral mucosal transudate<br>Urine |
| Test Result | Positive/Reactive<br>NAAT-pos<br>Negative<br>Indeterminate<br>Invalid<br>No result | Positive/Reactive<br>NAAT-pos<br>Negative<br>Indeterminate<br>Invalid<br>No result | Positive/Reactive<br>NAAT-pos<br>Negative<br>Indeterminate<br>Invalid<br>No result |
| Result Provided | Yes No | Yes No | Yes No |
| Date Provided (MMDDYYYY) | | | |
| If results not provided, why? | Declined notification<br>Did not return/Could not locate<br>Obtained results from another agency | Declined notification<br>Did not return/Could not locate<br>Obtained results from another agency | Declined notification<br>Did not return/Could not locate<br>Obtained results from another agency |
| If rapid reactive, did client provide confirmatory sample? | Yes<br>Client declined confirmatory test<br>Did not return/Could not locate<br>Referred to another agency<br>Other | Yes<br>Client declined confirmatory test<br>Did not return/Could not locate<br>Referred to another agency<br>Other | Yes<br>Client declined confirmatory test<br>Did not return/Could not locate<br>Referred to another agency<br>Other |

## Risk Factors

**Choose one if:** Client was not asked about risk factors | Client was asked, but no risk was identified | Client declined to discuss risk factors

***If client risk factor information was discussed, please mark all that apply:***

**In past 12 months has client had:**
- ...without using a condom?
- ...with person who is an IDU?
- ...with person who is MSM? (Female Only)
- ...with person who is HIV positive?

**Vaginal or Anal Sex** | **Oral Sex**
- With Male
- With Female

**Injection Drug Use (IDU)**
- Has client used injection drugs in past 12 months?
- *if marked*
- Did client share drug injection equipment?

**Other Risk Factor(s)** (see codes on reverse)

## Session Activity

During this visit, was a risk reduction plan developed for the client? Yes No

Other Session Activities (see codes on reverse)

## Local Use Fields

L1

L2

## CDC Use Fields

C1

C2

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Printed Barcode

# HIV TEST FORM

PART 1

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

CDC Centers for Disease Control and Prevention

## Agency

Session Date (MMDDYYYY) | Unique Agency ID Number | Intervention ID

Site ID | Site Type (See codes on reverse) | Site Zip Code

## Client

Client ID | Date of Birth (MMDDYYYY) | State | County | Zip Code

**Ethnicity**
- Hispanic or Latino
- Not Hispanic or Latino
- Don't know
- Declined

**Race — *Check all that apply***
- American Ind./AK Native
- Asian
- Black/African American
- Native HI/Pac. Islander
- White
- Don't know
- Declined

**Current Gender**
- Male
- Female
- Transgender – M2F
- Transgender – F2M

**Previous HIV Test?**
- Yes
- No
- Don't know
- Declined
- Not asked

**Self-Reported Result**
- Positive
- Negative
- Prelim. Pos.
- Indeterminate
- Don't know
- Declined
- Not asked

*Provide date of last test* (MMYYYY)

## HIV Test Information

| | HIV TEST 1 | HIV TEST 2 | HIV TEST 3 |
|---|---|---|---|
| Sample Date (MMDDYYYY) | | | |
| Worker ID | | | |
| Test Election | Tested anonymously<br>Tested confidentially<br>Declined testing | Tested anonymously<br>Tested confidentially<br>Declined testing | Tested anonymously<br>Tested confidentially<br>Declined testing |
| Test Technology | Conventional<br>Rapid<br>Other | Conventional<br>Rapid<br>Other | Conventional<br>Rapid<br>Other |
| Specimen Type | Blood: finger stick<br>Blood: venipuncture<br>Blood spot<br>Oral mucosal transudate<br>Urine | Blood: finger stick<br>Blood: venipuncture<br>Blood spot<br>Oral mucosal transudate<br>Urine | Blood: finger stick<br>Blood: venipuncture<br>Blood spot<br>Oral mucosal transudate<br>Urine |
| Test Result | Positive/Reactive<br>NAAT-pos<br>Negative<br>Indeterminate<br>Invalid<br>No result | Positive/Reactive<br>NAAT-pos<br>Negative<br>Indeterminate<br>Invalid<br>No result | Positive/Reactive<br>NAAT-pos<br>Negative<br>Indeterminate<br>Invalid<br>No result |
| Result Provided | Yes No | Yes No | Yes No |
| Date Provided (MMDDYYYY) | | | |
| If results not provided, why? | Declined notification<br>Did not return/Could not locate<br>Obtained results from another agency | Declined notification<br>Did not return/Could not locate<br>Obtained results from another agency | Declined notification<br>Did not return/Could not locate<br>Obtained results from another agency |
| If rapid reactive, did client provide confirmatory sample? | Yes<br>Client declined confirmatory test<br>Did not return/Could not locate<br>Referred to another agency<br>Other | Yes<br>Client declined confirmatory test<br>Did not return/Could not locate<br>Referred to another agency<br>Other | Yes<br>Client declined confirmatory test<br>Did not return/Could not locate<br>Referred to another agency<br>Other |

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## Risk Factors

**Choose one if:** Client was not asked about risk factors | Client was asked, but no risk was identified | Client declined to discuss risk factors

***If client risk factor information was discussed, please mark all that apply:***

**In past 12 months has client had:**
- ...without using a condom?
- ...with person who is an IDU?
- ...with person who is MSM?
- ...with person who is HIV positive?

| | Vaginal or Anal Sex | Oral Sex |
|---|---|---|
| With Male | | |
| With Female | | |

**Injection Drug Use (IDU)**

Has client used injection drugs in past 12 months?

*if marked*

Did client share drug injection equipment?

**Other Risk Factor(s)**

(see codes on reverse)

## Session Activity

During this visit, was a risk reduction plan developed for the client? Yes No

Other Session Activities (see codes on reverse)

## Local Use Fields

L1

L2

## CDC Use Fields

C1

C2

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Client Identifying Data (Optional)

Name: _____

Address: _____

Phone: _____ Other: _____

**Codes for Site Type**

| | |
|---|---|
| F01 | Inpatient Facility |
| F01.01 | Inpatient Hospital |
| F01.50 | Inpatient- Drug / Alcohol Treatment |
| F01.88 | In patient Facility- Other |
| F01.99 | Inpatient Facility- Unknown |
| F02 | Outpatient facility |
| F02.03 | Outpatient- Private Medical Practice |
| F02.04 | Outpatient- HIV Specialty Clinic |
| F02.10 | Outpatient- Prenatal/ OBGYN Clinic |
| F02.12 | Outpatient- TB Clinic |
| F02.12 | Outpatient- Drug / Alcohol Treatment Clinic |
| F02.19 | Outpatient- Family Planning |
| F02.20 | Outpatient- Community Mental Health |
| F02.30 | Outpatient- Community Health Clinic |
| F02.58 | Outpatient- School/University Clinic |
| F02.60 | Outpatient- Health Department/Public Health Clinic |
| F02.61 | Outpatient- Health Department/Public Health Clinic-HIV |
| F02.62 | Outpatient- Health Department/Public Health Clinic-STD |
| F02.88 | Outpatient Facility- Other |
| F02.99 | Outpatient Facility- Unknown |
| F03 | Emergency Room |
| F04.01 | Blood Bank, Plasma Center |
| F04.05 | HIV Counseling and Testing Site |
| F06 | Community Setting |
| F06.01 | Community Setting – AIDS Service Organization – non clinical |
| F06.02 | Community Setting – School/Education Facility |
| F06.03 | Community Setting – Church/Mosque/Synagogue/Temple |
| F06.04 | Community Setting – Shelter/Transitional housing |
| F06.05 | Community Setting – Commercial |
| F06.06 | Community Setting – Residential |
| F06.07 | Community Setting – Bar/Club/Adult Entertainment |
| F06.08 | Community Setting – Public Area |
| F06.09 | Community Setting – Workplace |
| F06.10 | Community Setting – Community Center |
| F06.88 | Community Setting – Other |
| F07 | Correctional Facility |
| F88 | Facility – Other |

**Codes for Other Risk factor(s)**

| | |
|---|---|
| 01 | Exchange sex for drugs/money/or something they need |
| 02 | While intoxicated and/or high on drugs |
| 05 | With person of unknown HIV status |
| 06 | With person who exchanges sex for drugs/money |
| 08 | With anonymous partner |
| 09 | With person who has hemophilia or transfusion/transplant recipient |
| 11 | Sex with transgender |

**Codes for Other Session Activities**

| | |
|---|---|
| 03.00 | HIV Testing |
| 04.00 | Referral |
| 05.00 | Personalized Risk assessment |
| 06.00 | Elicit Partners |
| 07.00 | Notification of exposure |
| 08.01 | Information – HIV/AIDS transmission |
| 08.02 | Information-Abstinence/postpone sexual activity |
| 08.03 | Information-Other sexually transmitted diseases |
| 08.04 | Information-Viral hepatitis |
| 08.05 | Information – Availability of HIV/STD counseling and testing |
| 08.06 | Information-Availability of partner notification and referral services |
| 08.07 | Information – Living with HIV/AIDS |
| 08.08 | Information – Availability of social services |
| 08.09 | Information – Availability of medical services |
| 08.10 | Information – Sexual risk reduction |
| 08.11 | Information – IDU risk reduction |
| 08.12 | Information – IDU risk free behavior |
| 08.13 | Information – Condom/barrier use |
| 08.14 | Information – Negotiation / Communication |
| 08.15 | Information – Decision making |
| 08.16 | Information – Disclosure of HIV status |
| 08.17 | Information – Providing prevention services |
| 08.18 | Information – HIV testing |
| 08.19 | Information – Partner notification |
| 08.20 | Information – HIV medication therapy adherence |
| 08.21 | Information – Alcohol and drug use prevention |
| 08.22 | Information – Sexual health |
| 08.23 | Information – TB testing |
| 08.66 | Information – Other |
| 09.01 | Demonstration – Condom/barrier use |
| 09.02 | Demonstration – IDU risk reduction |
| 09.03 | Demonstration – Negotiation / Communication |
| 09.04 | Demonstration – Decision making |
| 09.05 | Demonstration – Disclosure of HIV status |
| 09.06 | Demonstration – Providing prevention services |
| 09.07 | Demonstration – Partner notification |
| 09.66 | Demonstration – Other |
| 10.01 | Practice – Condom/barrier use |
| 10.02 | Practice – IDU risk reduction |
| 10.03 | Practice – Negotiation / Communication |
| 10.04 | Practice – Decision making |
| 10.05 | Practice – Disclosure of HIV status |
| 10.06 | Practice – Providing prevention services |
| 10.07 | Practice – Partner notification |
| 10.66 | Practice – Other |
| 11.01 | Discussion – Sexual risk reduction |
| 11.02 | Discussion – IDU risk reduction |
| 11.03 | Discussion – HIV testing |
| 11.04 | Discussion – Other sexually transmitted diseases |
| 11.05 | Discussion – Disclosure of HIV status |
| 11.06 | Discussion – Partner notification |
| 11.07 | Discussion – HIV medication therapy adherence |
| 11.08 | Discussion – Abstinence/postpone sexual activity |
| 11.09 | Discussion – IDU risk free behavior |
| 11.10 | Discussion – HIV/AIDS transmission |
| 11.11 | Discussion – Viral hepatitis |
| 11.12 | Discussion – Living with HIV/AIDS |
| 11.13 | Discussion – Availability of HIV/AIDS counseling testing |
| 11.14 | Discussion – Availability of partner notification and referral services |
| 11.15 | Discussion – Availability of social services |
| 11.16 | Discussion – Availability of medical services |
| 11.17 | Discussion – Condom/barrier use |
| 11.18 | Discussion – Negotiation / Communication |
| 11.19 | Discussion – Decision making |
| 11.20 | Discussion – Providing prevention services |
| 11.21 | Discussion – Alcohol and drug use prevention |
| 11.22 | Discussion – Sexual health |
| 11.23 | Discussion – TB testing |
| 11.66 | Discussion – Other |
| 12.01 | Other testing – Pregnancy |
| 12.02 | Other testing – STD |
| 12.03 | Other testing – Viral hepatitis |
| 12.04 | Other testing – TB |
| 13.01 | Distribution – Male condoms |
| 13.02 | Distribution – Female condoms |
| 13.03 | Distribution – Safe sex kits |
| 13.04 | Distribution – Safer injection / bleach kits |
| 13.05 | Distribution – Lubricants |
| 13.06 | Distribution – Education materials |
| 13.07 | Distribution – Referral lists |
| 13.08 | Distribution – Role model stories |
| 13.66 | Distribution – Other |
| 14.01 | Post-intervention follow up |
| 14.02 | Post-intervention booster session |
| 15.00 | HIV Testing History Survey |
| 88 | Other |

Form ID stickers
(n=8)

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# HIV TEST FORM

PART 2

Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

CDC requires the following information on **confirmed positives**

## Referrals

Was client referred to medical care?

- ◯ Yes → If yes, did client attend the first appointment?
  - ◯ Yes
  - ◯ No
  - ◯ Don't know
- ◯ No → If no, why?
  - ◯ Client already in care
  - ◯ Client declined care

Was client referred to HIV Prevention services?

- ◯ Yes
- ◯ No

Was client referred to PCRS?

- ◯ Yes
- ◯ No

If female, is client pregnant?

- ◯ Yes → If yes, in prenatal care?
  - ◯ Yes
  - ◯ No → If no, was client referred for prenatal care?
    - ◯ Yes → If yes, did client attend first prenatal care appointment?
      - ◯ Yes
      - ◯ No
      - ◯ Don't know
    - ◯ No
  - ◯ Don't know
  - ◯ Declined
  - ◯ Not asked
- ◯ No
- ◯ Don't know
- ◯ Declined
- ◯ Not asked

## Local Use Fields

| | | | | | |
|---|---|---|---|---|---|
| L3 | | L8 | | L13 | |
| L4 | | L9 | | L14 | |
| L5 | | L10 | | L15 | |
| L6 | | L11 | | L16 | |
| L7 | | L12 | | L17 | |

## CDC Use Fields

| | | | |
|---|---|---|---|
| C3 | | C6 | |
| C4 | | C7 | |
| C5 | | C8 | |

## Notes (Print Only)

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WHITE COPY = Scan

YELLOW COPY = Record Keeping

Place Barcode Sticker Here

# HIV TEST FORM

PART 2

Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

CDC requires the following information on **confirmed positives**

## Referrals

Was client referred to medical care?

- ◯ Yes → If yes, did client attend the first appointment?
  - ◯ Yes
  - ◯ No
  - ◯ Don't know
- ◯ No → If no, why?
  - ◯ Client already in care
  - ◯ Client declined care

Was client referred to HIV Prevention services?

- ◯ Yes
- ◯ No

Was client referred to PCRS?

- ◯ Yes
- ◯ No

If female, is client pregnant?

- ◯ Yes → If yes, in prenatal care?
  - ◯ Yes
  - ◯ No → If no, was client referred for prenatal care?
    - ◯ Yes → If yes, did client attend first prenatal care appointment?
      - ◯ Yes
      - ◯ No
      - ◯ Don't know
    - ◯ No
  - ◯ Don't know
  - ◯ Declined
  - ◯ Not asked
- ◯ No
- ◯ Don't know
- ◯ Declined
- ◯ Not asked

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## Local Use Fields

| | | | | | |
|---|---|---|---|---|---|
| L3 | | L8 | | L13 | |
| L4 | | L9 | | L14 | |
| L5 | | L10 | | L15 | |
| L6 | | L11 | | L16 | |
| L7 | | L12 | | L17 | |

## CDC Use Fields

| | | | |
|---|---|---|---|
| C3 | | C6 | |
| C4 | | C7 | |
| C5 | | C8 | |

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# HIV TEST FORM

PART 3

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

## HIV Incidence

Date information collected? (MMDDYYYY)

Date first positive HIV test: (MMDDYYYY)

Has client ever tested negative?
- Yes
- No
- Don't know
- Declined

Date last negative HIV test: (MMDDYYYY)

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.

1 (Current (or 1st positive) test) + [ ] (# of tests in the 2 years before the current (or 1st positive) test) = [ ]

Has client used or is client currently using antiretroviral medication (ARV)?
- Yes → If yes, specify antiretroviral medication? →
- No
- Don't know
- Declined

(See codes on reverse)

Date ARV began? (MMDDYYYY)

Date of last ARV use? (MMDDYYYY)

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# HIV TEST FORM

PART 3

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

## HIV Incidence

Date information collected? (MMDDYYYY)

Date first positive HIV test: (MMDDYYYY)

Has client ever tested negative?
- Yes
- No
- Don't know
- Declined

Date last negative HIV test: (MMDDYYYY)

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.

1 (Current (or 1st positive) test) + [ ] (# of tests in the 2 years before the current (or 1st positive) test) = [ ]

Has client used or is client currently using antiretroviral medication (ARV)?
- Yes → If yes, specify antiretroviral medication? →
- No
- Don't know
- Declined

(See codes on reverse)

Date ARV began? (MMDDYYYY)

Date of last ARV use? (MMDDYYYY)

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Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

## Codes for Antiretroviral (ARV) medication(s)

22 Agenerase (amprenavir)
30 Aptivus (tipranavir, TPV)
32 Atripla (efavirenz/emtricitabine/tenofovir DF)
24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
06 Crixivan (indinavir, IDV)
11 Emtriva (emtricitabine, FTC)
03 Epivir (lamivudine, 3TC)
28 Epzicom (abacavir/lamivudine, ABC/3TC)
25 Fortovase (saquinavir, SQV)
10 Fuzeon (enfuvirtide, T20)
19 Hepsera (adefovir)
02 Hivid (zalcitabine, ddC)
23 Hydroxyurea
18 Invirase (saquinavir, SQV)
16 Kaletra (lopinavir/ ritonavir)
31 Lexiva (fosamprenavir, 908)
07 Norvir (ritonavir, RTV)
33 Prezista (darunavir, DRV)
09 Rescriptor (delavirdine, DLV)
26 Retrovir (zidovudine, ZDV, AZT)
15 Reyataz (atazanavir, ATV)
08 Saquinavir (Fortavase, Invirase)
21 Sustiva (efavirenz, EFV)
13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
01 Videx (didanosine, ddl)
14 Videx EC (didanosine, ddl)
17 Viracept (nelfinavir, NFV)
05 Viramune (nevirapine, NVP)
12 Viread (tenofovir DF, TDF)
04 Zerit (stavudine, d4T)
21 Ziagen (abacavir, ABC)

88 Other
99 Unspecified