

Rapid STI Testing Site Assessment and Registration Form

**All sites, whether fixed or mobile, must be registered with OPH SHHP.
Please allow four (4) weeks for processing.**

Type of Request (check one): **New Site** **Update Existing Site** **Drop Site**

Contact Information (Agency conducting testing):

Agency: _____

Mailing Address: _____

City, State, Zip: _____

OPH Region: _____ Parish: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ CLIA Certificate #: _____

What is the AGENCY ID that this site will be listed under? _____

Executive Director Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Executive Director's Email: _____

Prevention Manager Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Prevention Manager's Email: _____

Quality Assurance Coordinator Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Quality Assurance Coordinator's Email: _____

Site Information (location where CTR will be conducted):

Name of Site: _____

Site Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Detailed Description of Site Type (i.e. clientele, hours of operation, services offered): _____

Detailed Description of Test Set-Up(i.e. how will confidentiality be assured, where in the building will testing happen, etc: _____

Type of Testing Requested (check all that apply):

Rapid Testing: _____ Blood (lab) _____

(To be completed by Regional Coordinator and submitted as needed)

Date: _____

Observed by: _____

Check appropriate assessment of testing site:

- Work space to process test: Acceptable Conditional (describe) Unacceptable
- Confidential setting: Acceptable Conditional (describe) Unacceptable
- Cleanliness: Acceptable Conditional (describe) Unacceptable
- Lighting: Acceptable Conditional (describe) Unacceptable
- Temperature control: Acceptable Conditional (describe) Unacceptable
- Supply storage: Acceptable Conditional (describe) Unacceptable
- Hand washing station: Acceptable Conditional (describe) Unacceptable
- Record keeping: Acceptable Conditional (describe) Unacceptable
- Waiting area: Acceptable Conditional (describe) Unacceptable

Notations: _____

For Office Use Only: Date request received: _____

Date visited: _____

Recommendation: _____

SHP Coordinator Initials: _____ CTR Supervisor's Initials: _____ Date logged into database: _____

Approved for: HIV Rapid Testing: Primary Test _____ Second Test _____

SHC HCV Whole Blood (lab) **Site #:** _____ **Parent Site #:** _____

Summary (For SHHP Database Entry)

Agency ID _____

Site Name _____

Site Type _____

Type of Test Used _____

Site Street Address _____

Site City _____

Site Zip Code _____

QA Coordinator _____

QA Phone number _____

QA Email _____

Site Region _____

Site Parish _____

Site Types

- F01.01 Clinical - Inpatient hospital
- F02.12 Clinical - TB clinic
- F02.19 Clinical - Substance abuse treatment facility
- F02.51 Clinical - Community health center
- F03 Clinical - Emergency department
- F04.05 Non-clinical - HIV testing site
- F06.02 Non-clinical - Community setting - School/educational facility
- F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple
- F06.04 Non-clinical - Community Setting - Shelter/transitional housing
- F06.05 Non-clinical - Community setting - Commercial facility
- F06.07 Non-clinical - Community setting - Bar/club/adult entertainment
- F06.08 Non-clinical - Community setting - Public area
- F06.12 Non-clinical - Community setting – Individual residence
- F06.88 Non-clinical - Community setting - Other
- F07 Non-clinical - Correctional facility - Non-healthcare
- F08 Clinical - Primary care clinic (other than CHC)
- F09 Clinical - Pharmacy or other retail-based clinic
- F10 Clinical - STD clinic
- F11 Clinical - Dental clinic
- F12 Clinical - Correctional facility clinic
- F13 Clinical – Other
- F14 Non-clinical - Health department - field visit
- F15 Non-clinical - Community Setting - Syringe exchange program
- F40 Mobile Unit