



State of Louisiana
Louisiana Department of Health
Office of Public Health
STI/HIV/Hepatitis Program (SHHP)

TESTING PARTNERSHIP INTEREST FORM

Please do not email this form directly to SHHP. To officially complete and submit a partnership request, [CLICK HERE](#).

Instructions

To prevent delays in processing, complete all sections below, in-detail, ensuring that all sections are addressed. Sections requesting statistics require specific data points to be provided. Agencies submitting forms with incomplete or vague responses may not receive any follow-up from SHHP. For questions or issues related to this form, contact Nouri.Ningbinnin@la.gov.

General Information

Today's Date:		Agency Primary Address, Including City, State, and ZIP Code:	
Agency Name:			
Telephone:		Website:	
Primary Contact Name(s):		Primary Contact Email(s):	

In which Louisiana public health region(s) would STI testing services be offered through this partnership? (if unsure, consult [this map](#)):

Q&A

Describe your agency (types of services offered, mission statement, etc.)

1. Will agency be a PEP provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Will agency be a PrEP provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is agency seeking to become a 340B covered entity through this partnership? 3a. Please review SHHP's 340B Partnership Pre-requisites . Does your agency meet all criteria listed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is STI testing already being offered at agency locations(s)? 4a. If so, which ones? 4b. Which "other" STIs does your agency screen for?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HIV <input type="checkbox"/> HCV <input type="checkbox"/> Syphilis <input type="checkbox"/> Other
5. For HIV, HCV, and/or syphilis testing already being offered, what percentage of those tested received positive diagnoses? Based on the most recent 12-month period for which data is available.	 <i>Distinguish diagnosis rates for each applicable STI, and represent all info as percentages of all those screened per STI. Ex: if 100 people were screened in the last 12 months for HIV and 2 received positive diagnoses, that means a 2% diagnosis rate.</i>
6. Provide race and ethnicity statistics for all patients seen at agency over the most recent 12-month period for which data is available.	 <i>Represent each race and ethnicity category as percentages relative to total patients served.</i>
7. Provide gender identity/sex assigned at birth (or any gender/sex information being documented) statistics for people served at agency over the most recent 12-month period for which data is available.	 <i>Represent each gender category as percentages relative to total patients served.</i>
8. Provide insurance statistics (Medicare, Medicaid, uninsured, commercial, etc.) for individuals served at agency over the most recent 12-month period for which data is available.	 <i>Represent each insurance category as percentages relative to total patients served.</i>
9. Which additional patient population(s) does the clinic serve (ex: people with substance use disorders, unhoused individuals/those experiencing homelessness, those who inject drugs, individuals at higher risk of exposure to STIs, incarcerated individuals, etc.)? Provide any specifics relevant to this question.	
10. SHHP partners are required to offer testing for HIV, HCV, and syphilis to their patients. What hesitation or concerns does agency have for offering this testing to your patients, if any?	
10a. Is your agency also interested in providing testing for chlamydia and gonorrhea (this is optional)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10b. Is your agency also interested in providing testing for trichomonas (this is optional)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

11. How many people are anticipated to be tested on a monthly basis, through this partnership?

12. Does your agency currently hold a CLIA waiver ?
12a. If so, provide CLIA certificate # and a list of the tests covered under this waiver

YES NO

12b. Partner agencies are required to obtain a CLIA certificate of waiver, or submit amendments to cover the rapid testing instruments that will be provided by SHHP, before being able to operate as a rapid testing site. What questions or concerns are there about this?

13. Will confirmatory testing labs be offered internally for individuals with positive HIV, HCV, and/or syphilis rapid test results?

YES NO

13a. For which of these STIs will labs be offered internally?

HIV HCV Syphilis

13b. Please provide name(s) of agencies/facilities that will be used for this service, since not providing it internally.

13c. It is required that any agency covered as a 340B entity through this partnership also provide confirmatory lab testing in-house for HIV, HCV, and *syphilis*. What support or training does your agency need to be able to provide this service, and what is the estimated timeline for being able to offer it? Please list any questions your agency may have, related to this requirement.

14. Will agency be providing treatment internally for individuals diagnosed with HIV?

YES NO

14a. Are you interested in providing this service?

YES NO

14b. Describe what support your agency may need, to be able to provide this service.

14c. Provide your agency's linkage to care and treatment plan for those diagnosed with HIV. Also include name(s) of agencies being partnered with for HIV treatment services, if applicable.

15. Will agency be providing treatment internally for individuals diagnosed with HCV?

YES NO

15a. Are you interested in providing this service?

YES NO

15b. Describe what support your agency may need, to be able to provide this service.

15c. Provide your agency's linkage to care and treatment plan for those diagnosed with HCV. Also include name(s) of agencies being partnered with for HCV treatment services, if applicable.

16. Will agency be providing treatment internally for individuals diagnosed with syphilis?

YES NO

16a. Are you interested in providing this service?

YES NO

16b. Describe what support your agency may need, to be able to provide this service.

16c. Provide your agency's linkage to care and treatment plan for those diagnosed with syphilis. Also include name(s) of agencies being partnered with for treatment services, if applicable.

16d. It is required that any agency covered as a 340B entity through its partnership with SHHP provide treatment internally for *syphilis*. What support or training does your agency need, and what is the estimated timeline for being able to offer this service? Please list any questions your agency may have, related to this requirement.

17. Will agency be providing treatment internally for individuals diagnosed with any other STIs (chlamydia, gonorrhea, etc.)?

YES NO

17a. Are you interested in providing this service?

YES NO

17b. Describe what support your agency may need, to be able to provide this service.

17c. Provide your agency's linkage to care and treatment plan for those diagnosed with other STIs. Also include name(s) of agencies being partnered with for treatment services, if applicable.

17d. It is required that any agency covered as a 340B entity through its partnership with SHHP and offers testing for *chlamydia and/or gonorrhea* also provide treatment internally for them. What support or training does your agency need, and what is the estimated timeline for being able to offer this service? Please list any questions your agency may have, related to this requirement.

18. How will this partnership enhance on the work that your agency is already doing around STI testing?

19. If selected as a partner, would services be restricted to the address listed at the top of this form, or will there be other locations? If so, please indicate at which additional locations STI testing will occur.

20. How did you learn about SHHP and this opportunity?

21. Any additional questions, comments, or concerns not addressed in the sections above?

Thank You!