

APPENDIX A: HIV Point of Care (POC) Testing Reporting Form

Site Name: _____ Site Coordinator: _____

Reporting Period (Check one of the following):

- ☐ First Quarter: January 1 to March 31
- ☐ Second Quarter: April 1 to June 30
- ☐ Third Quarter: July 1 to September 30
- ☐ Fourth Quarter: October 1 to December 31

Reporting Year: _____

HIV POCT Test Results:

1. Number of **reactive** HIV POC tests for this reporting period: _____
2. Number of **non-reactive** HIV POC tests for this reporting period: _____
3. Number of **indeterminate/invalid** HIV POC tests for this period: _____
4. **Total** Number of HIV POC tests for this reporting period: **(1+2+3)**: _____

This form is to be filled out by the Site Coordinator and submitted to the HIV Strategy Coordinator or FNIHB/NITHA representative for your area based on the former regional health authority. Up-to-date contact information can be found at: https://skhiv.ca/about-us/#_hiv-coordinators.

Athabasca Health Authority / Keewatin Yatthé Health Region / Mamawetan Churchill River Health Region Email: Maro.Villa@saskhealthauthority.ca Phone: (306) 425-8517 Fax: (306) 425-8530	Prince Albert Parkland / Kelsey Trail Health Regions Email: Paulette.Martin@saskhealthauthority.ca Phone: (306) 765-6537 Fax: (306) 765-6536
Regina Qu'Appelle / Five Hills Health Regions Email: Laurel.Stang@saskhealthauthority.ca Phone: (306) 766-7940 Fax: (306) 766-7796	Sunrise / Sun Country Health Regions Email: Deanna.Bartok@saskhealthauthority.ca Phone: (306) 786-0851 Fax: (306) 786-0525
Prairie North / Heartland Health Regions Email: Kelly.Greenwald@saskhealthauthority.ca Phone: (306) 446-6406 Fax: (306) 446-7378	Saskatoon / Cypress Health Regions Email: Tegan.Pfefferle@saskhealthauthority.ca Phone: (306) 514-8903 Fax: (306) 655-0614
First Nations and Inuit Health Branch (FNIHB) Email: brett.dow@sac-isc.gc.ca Phone: (306) 934-3505 Fax: (306) 934-3000	Northern Inter-Tribal Health Authority (NITHA) Email: jdepeel@nitha.com Phone: (306) 953-5026 Fax: (306) 953-5020

HIV Strategy Coordinators and FNIHB/NITHA representatives are responsible for submitting a copy of this form to the SK HIV Collaborative Project Assistant via email: contact@skhiv.ca or bblakley@skprevention.ca. Completed forms can also be submitted via fax to 306-651-4301.