

# CAROLINA FAMILY HEALTH CENTERS, INC.

## Rapid HIV Testing Program Yearly Report



**Organization Name:** Carolina Family Health Centers, Inc.

**Reporting Period:** \_\_\_\_\_

Kits & Controls				
Quarter	1	2	3	4
Number of test kits remaining				
Expiration Date(s) of remaining kits Unigold				
Oraquick				
Other: _____				
Number of controls remaining				
Expiration date(s) of remaining controls				

Total Number Tested This Quarter				
Quarter	1	2	3	4
Number of clients tested with a rapid test				
Number of clients tested with Preliminary Positive Result				
Number of clients that had a Confirmatory Test done (among those with a preliminary positive)				