



Harlem Pride Testing Report Form

Please complete one form for each disease/condition being tested. Forms can be turned in at the end of the event, emailed to info@harlempride.org or mailed to us at: Harlem Pride, 42 Macombs Place, New York, NY 10039. Thank you!

EVENT INFORMATION

Event Name:	Date:
Location:	Time:

TESTING INFORMATION

Testing Organization:		
Address:		
City:	State:	Zipcode:
Email:	Phone:	
Website:		
Contact First and Last Name:		
Contact Email:	Contact Phone:	
Diseases/Condition Tested <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other _____	HIV Test Type: <input type="checkbox"/> Rapid <input type="checkbox"/> Conventional <input type="checkbox"/> NAAT/RNA <input type="checkbox"/> Other	If Rapid, Test Used: <input type="checkbox"/> OraQuick <input type="checkbox"/> Clearview <input type="checkbox"/> Uni-Gold <input type="checkbox"/> Other Brand Indicate Below _____
Total Number of People Tested:		
Number Positive:	Number Negative:	
Number Indeterminate:	Number Invalid:	

DEMOGRAPHIC INFORMATION

Race <input type="checkbox"/> Black (# Tested _____) <input type="checkbox"/> Asian (# Tested _____) <input type="checkbox"/> White (# Tested _____) <input type="checkbox"/> Latinx (# Tested _____) <input type="checkbox"/> Indigenous/Alaskas Native (# Tested _____) <input type="checkbox"/> Native Hawaiian/Pacific Islander (# Tested _____)	Gender <input type="checkbox"/> Male (# Tested _____) <input type="checkbox"/> Female (# Tested _____) <input type="checkbox"/> Gender Non Conforming (# Tested _____) <input type="checkbox"/> Trans M2F (# Tested _____) <input type="checkbox"/> Trans F2M (# Tested _____) <input type="checkbox"/> Trans Unknown (# Tested _____)
Age <input type="checkbox"/> 18 - 25 (# Tested _____) <input type="checkbox"/> 26 - 35 (# Tested _____)	<input type="checkbox"/> 35 - 50 (# Tested _____) <input type="checkbox"/> 50 + (# Tested _____)