Monthly CTL Form Submission Coversheet
District Sorting

Health District: _____ **Date (MM/YY):** _____ **Total # of Forms:** _____

Site ID	# of Forms	# of Positives	# of Adult Case Report Forms*	Date Received (MM/YY)

*All submitted CTL Forms from positive test events should also include a completed Adult Case Report Form. The number of positive test forms should equal the number of Adult Case Report Forms.

Positive Test Form ID	Site ID	Name (Last Name, First Name)	D.O.B (MM/DD/YYYY)	Gender	Date Results Provided	Newly Diagnosed (Y/N)

Check all that apply: ☐ Coversheet Continuation (A) attached   ☐ Coversheet Continuation (B) attached

Name of staff performing District Sorting: _____

Date District Sorting Completed: _____

Initials of Completer

State Data Entry
(This Section Completed at State Office)

Date Received	# of Forms Received	Mail Sorting Personnel

Data Entry Personnel	Discrepancy in # Reported and # Received? (Y/N)	Person Contacted at Health District	Date Contacted	Error Resolved (Y/N)

Data Entry Personnel	Data Entry Completion Date	# of Forms Entered

NOTES

Coversheet Continuation (A)
(Complete and include as many as needed for more sites)

Health District: _____   Date (MM/YY): _____   Total # of Forms: _____

Site ID	# of Forms	# of Positives	# of Adult Case Report Forms*	Date Received (MM/YY)

*All submitted CTL Forms from positive test events should also include a completed Adult Case Report Form. The number of positive test forms should equal the number of Adult Case Report Forms.

Name of staff performing District Sorting: _____

Date District Sorting Completed: _____

Initials of Completer

Coversheet Continuation (B)

(Complete and include as many as needed for more positive test events)

Health District: _____ Date (MM/YY): _____ Total # of Forms: _____

Positive Test Form ID	Site ID	Name (Last Name, First Name)	D.O.B (MM/DD/YYYY)	Gender	Date Results Provided	Newly Diagnosed (Y/N)

Name of staff performing District Sorting: _____

Date District Sorting Completed: _____

Initials of Completer

HIV C&T QA Form 07/23/2018