

Submit Bubble Sheets with Cover Sheet

Questions? Text / email Training Director Winona Holloway

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Send the original of your HIV Test forms (bubble sheets) to DPH each month with a cover sheet:

- Enter the name of the **Health District** that serves your agency (see map below)
- Enter the **Month/Year** of the batch of HIV Test Forms being submitted
- Leave the **Date Received** blank

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)

