**Syndemic Integrated Testing: Identifying Testing Sites Template**

EvaluationWeb tracks sites using a Site ID (specific name) that is attached to a Site Code/ID (numerical code).

Please indicate each site where you intend to be offering testing services. For outreach testing, please be as specific as possible. Additional sites can be added throughout the contract year- please resubmit this form whenever you plan on adding sites. Please identify the site ID (specific name) and link it to a site type (codes below) and provide a zip code.

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| **Site Types: Clinical**   F01.01 - Inpatient hospital   F02.12 - TB clinic   F02.19 - Substance abuse treatment facility   F02.51 - Community health center   F03 - Emergency department   F08 - Primary care clinic (other than CHC)   F09 - Pharmacy or other retail-based clinic   F10 - STD clinic   F11 - Dental clinic   F12 - Correctional facility clinic   F13 - Other  **Site Types: Mobile**   F40 - Mobile Unit | **Site Types: Non-clinical**   F04.05 - HIV testing site   F06.02 - Community setting - School/educational facility   F06.03 - Community setting - Church/mosque/synagogue/temple   F06.04 - Community Setting - Shelter/transitional housing   F06.05 - Community setting - Commercial facility   F06.07 - Community setting - Bar/club/adult entertainment   F06.08 - Community setting - Public area   F06.12 – Community setting – Individual residence   F06.88 - Community setting - Other   F07 - Correctional facility - Non-healthcare   F14 - Health department - Field visit   F15 - Community Setting - Syringe exchange program   F88 - Other |

Please identify any additional Site IDs you want to add for your agency. Provide a site code for each as well as a zip code:

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| Site ID (Specific Name) | Site Code | Zip Code |
| Agency Test Site | F.04.05 | *Enter Agency Zip Code* |
| Outreach Test Site | F06.88 | *Enter Agency Zip Code* |
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*Please return to* [*Patrick.Dinwiddie@doh.wa.gov*](mailto:Patrick.Dinwiddie@doh.wa.gov) *when completed*