

(i) Be on the form that the Department provides; and

(ii) State:

1. The date, type, and result of the test that shows evidence of a disease required to be reported;

2. A. [The] EXCEPT AS PROVIDED IN ITEM B OF THIS ITEM, THE name, age, sex, and residence address of the patient from whom the specimen was taken; and

B. FOR REPORTS OF HUMAN IMMUNODEFICIENCY VIRUS INFECTION AND CD 4+ COUNT UNDER 200/MM3, THE UNIQUE PATIENT IDENTIFYING NUMBER, AGE, SEX, AND ZIP CODE OF RESIDENCE OF THE PATIENT; AND

3. The name and address of the physician who requested the test.

(2) Each report of gonorrhea or syphilis shall be made on a separate report form.

18-205.1.

~~(A) THE DEPARTMENT SHALL DESIGNATE AT LEAST 5 SITES EVENLY DISPERSED THROUGHOUT MARYLAND THAT PERFORM HIV TESTS AS ANONYMOUS TEST SITES.~~

~~(B) NOTWITHSTANDING THE PROVISIONS OF §§ 18-201, 18-202, AND 18-205 OF THIS TITLE, THE IDENTITY OF THE SUBJECT OF AN HIV TEST PERFORMED AT AN ANONYMOUS TEST SITE DESIGNATED BY THE DEPARTMENT MAY NOT BE DISCLOSED.~~

{18-207.

The director of a medical laboratory in which serum samples are tested for human immunodeficiency virus may not disclose, directly or indirectly, the identity of any individual tested for human immunodeficiency virus in any report submitted to the Department OR THE HEALTH OFFICER FOR THE COUNTY WHERE THE LABORATORY IS LOCATED.}

18-334.

~~{(d) A test result reported by an institution under subsection (c) of this section may not contain any information that identifies the subject of the test.}~~

18-338.1.

(a) (1) ~~In this section the following words have the meanings indicated.~~

(2) (i) ~~“Body fluids” means:~~