

# Laboratory Testing

Facility ID # : \_\_\_\_\_

Lab ID # : \_\_\_\_\_

HCW ID: \_\_\_\_\_

HCW Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Exposure Event # : \_\_\_\_\_

## Lab Results

Serologic Test			Date	Result	Other Test			Date	Value
H I V	HIV EIA		____ / ____ / ____	P N I R	O t h e r  L a b s	ALT	____ / ____ / ____	____ IU/L	
	Confirmatory		____ / ____ / ____	P N I R		Amylase	____ / ____ / ____	____ IU/L	
H e p a t i t i s C	anti-HCV EIA		____ / ____ / ____	P N I R		Blood glucose	____ / ____ / ____	____ mg/dl	
	anti-HCV supp		____ / ____ / ____	P N I R		Hematocrit	____ / ____ / ____	____ %	
	PCR HCV RNA		____ / ____ / ____	P N R		Hemoglobin	____ / ____ / ____	____ mg/dl	
H e p a t i t i s B	HBs Ag		____ / ____ / ____	P N R NT		Platelet	____ / ____ / ____	____ 10 <sup>4</sup> /L	
	IgM anti-HBc		____ / ____ / ____	P N R		# Blood cells in urine	____ / ____ / ____	____ #/mm <sup>3</sup>	
	Total anti-HBc		____ / ____ / ____	P N R NT		WBC	____ / ____ / ____	____ 10 <sup>4</sup> /L	
	anti-HBs ____ IU/L		____ / ____ / ____			Creatinine	____ / ____ / ____	____ mg/ml	

Serologic Test			Date	Result	Other Test			Date	Value
H I V	HIV EIA		____ / ____ / ____	P N I R	O t h e r  L a b s	ALT	____ / ____ / ____	____ IU/L	
	Confirmatory		____ / ____ / ____	P N I R		Amylase	____ / ____ / ____	____ IU/L	
H e p a t i t i s C	anti-HCV EIA		____ / ____ / ____	P N R		Blood glucose	____ / ____ / ____	____ mg/dl	
	anti-HCV supp		____ / ____ / ____	P N I R		Hematocrit	____ / ____ / ____	____ %	
	PCR HCV RNA		____ / ____ / ____	P N R		Hemoglobin	____ / ____ / ____	____ mg/dl	
H e p a t i t i s B	HBs Ag		____ / ____ / ____	P N R NT		Platelet	____ / ____ / ____	____ 10 <sup>4</sup> /L	
	IgM anti-HBc		____ / ____ / ____	P N R		# Blood cells in urine	____ / ____ / ____	____ #/mm <sup>3</sup>	
	Total anti-HBc		____ / ____ / ____	P N R NT		WBC	____ / ____ / ____	____ 10 <sup>4</sup> /L	
	anti-HBs ____ IU/L		____ / ____ / ____			Creatinine	____ / ____ / ____	____ mg/ml	

### Result Codes:

P = Positive      N = Negative      I = Indeterminate      R = Refused      NT = Not Tested

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Custom Fields

Label

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Comments