



# Laboratory Testing

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

\*Facility ID # : \_\_\_\_\_ \*Lab ID # : \_\_\_\_\_

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

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

\*Gender: \_\_\_\_\_ \*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Lab Results** Lab test and test date are required.

Serologic Test		Date	Result	O t h e r  L a b s	Other Test	Date	Value
HIV	HIV EIA	___/___/___	P N I R		ALT	___/___/___	___ IU/L
	Confirmatory	___/___/___	P N I R		Amylase	___/___/___	___ IU/L
Hepatitis C	anti-HCV-EIA	___/___/___	P N I R		Blood glucose	___/___/___	___ mmol/L
	anti-HCV supp	___/___/___	P N I R		Hematocrit	___/___/___	___ %
	PCR HCV RNA	___/___/___	P N R		Hemoglobin	___/___/___	___ gm/L
Hepatitis B	HBs Ag	___/___/___	P N R		Platelet # Blood cells in urine	___/___/___	___ x 10 <sup>9</sup> /L
	IgM anti-HBc	___/___/___	P N R		WBC	___/___/___	___ x 10 <sup>9</sup> /L
	Total anti-HBc	___/___/___	P N R		Creatinine	___/___/___	___ μmol/L
	anti-HBs	___/___/___	___ mIU/mL		Other: _____	___/___/___	___

Result Codes: P = Positive N = Negative I = Indeterminate R = Refused

**Custom Fields**

Label	Label
_____ / ____ / ____	_____ / ____ / ____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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**Comments**

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**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-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).