

Follow-up Laboratory Testing

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*required for saving

**required for completion

Facility ID#: _____ Lab #: _____

*HCW ID#: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: ☐ F ☐ M ☐ Other

*Date of Birth: ____/____/____

**Exposure Event #: _____

Lab Results Lab test and test date are required.

	Serologic Test	Date	Result		Other Test	Date	Value
HIV	HIV EIA	__/__/__	P N I R	Other L a b s	ALT	__/__/__	____ IU/L
	Confirmatory	__/__/__	P N I R		Amylase	__/__/__	____ IU/L
HCV	anti-HCV-EIA	__/__/__	P N I R		Blood glucose	__/__/__	____ mmol/L
	anti-HCV-suppl	__/__/__	P N I R		Hematocrit	__/__/__	____ %
	PCR HVC RNA	__/__/__	P N R		Hemoglobin	__/__/__	____ gm/L
HBV	HBs Ag	__/__/__	P N R		Platelet	__/__/__	____ x10 ⁹ /L
	IgM anti-HBc	__/__/__	P N R		# Blood cells in urine	__/__/__	____ #/mm ³
	Total anti-HBc	__/__/__	P N R		WBC	__/__/__	____ x10 ⁹ /L
	Anti-HBs	__/__/__	____ mIU/mL		Creatinine	__/__/__	____ µmol/L
					Other: _____	__/__/__	_____

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

Custom Fields

Label	Label
_____	_____
_____	_____
_____	_____
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Comments



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