



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: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> 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 | O t h e r 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-supp | ___ / ___ / ___ | 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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Form Approved
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www.cdc.gov/nhsn

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