



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

Assurance of Confidentiality: The voluntarily provided 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)).



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