



## Follow-up Laboratory Testing

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
<b>HIV</b>	HIV EIA	__ / __ / __	P N I R	<b>O t h e r  L a b s</b>	ALT	__ / __ / __	___ IU/L
	Confirmatory	__ / __ / __	P N I R		Amylase	__ / __ / __	___ IU/L
<b>HCV</b>	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
<b>HBV</b>	HBs Ag	__ / __ / __	P N R		Platelet	__ / __ / __	___ x10 <sup>9</sup> /L
	IgM anti-HBc	__ / __ / __	P N R		# Blood cells in urine	__ / __ / __	___ #/mm <sup>3</sup>
	Total anti-HBc	__ / __ / __	P N R		WBC	__ / __ / __	___ x10 <sup>9</sup> /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)).



Form Approved  
OMB No. 0920-0666  
Exp. Date: xx/xx/20xx  
[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)

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