



## 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
<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**

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Form Approved  
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