

Health Care Provider	Patient Name (Last, First, Middle Initial) NRN <input type="checkbox"/>			
Street	Patient ID	DOB	Sex	Race
City	Medicaid/Private Insurance		ICD9/Diagnosis	Date Collected
WA				

SEROLOGY

Time Collected

HIV

HIV-1 Antibody EIA (includes Western blot when EIA is positive)

HIV-1 Antibody Western blot (confirmation)

Pooled HIV-1 RNA (only when HIV antibody is negative)
Rapid HIV antibody negative positive Date: _____

Individual HIV-1 RNA (approved by: _____)

Exposures since 1978 (check all that apply):

<input type="checkbox"/> Sex with male	Sexual relations with:
<input type="checkbox"/> Sex with female	<input type="checkbox"/> Person with HIV/AIDS
<input type="checkbox"/> Injection drug user	<input type="checkbox"/> Homosexual/Bisexual male
<input type="checkbox"/> Sex for money/drugs	<input type="checkbox"/> Injection drug user
<input type="checkbox"/> Foreign Born, Where? _____	
<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> None of the above	

During the past 12 months: **Tested previously?** No Yes

Reportable STD If tested, Result: _____

4 or more sex partners Date: _____

SYPHILIS

Specify: Screening Prenatal Confirmation

RPR (includes TP-PA when RPR is positive)

TP-PA

VDRL (Spinal fluid)

FTA-ABS (Spinal fluid)

HEPATITIS

<input type="checkbox"/> Hepatitis A Antibody	Perinatal Hepatitis B
<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> Prenatal
<input type="checkbox"/> Hepatitis B Surface Antibody	<input type="checkbox"/> Infant follow-up
<input type="checkbox"/> Hepatitis B Core Antibody	<input type="checkbox"/> Household contact
<input type="checkbox"/> Hepatitis C Antibody	<input type="checkbox"/> Sexual contact
<input type="checkbox"/> Hepatitis A Antibody, IgM	
<input type="checkbox"/> Hepatitis B Core Antibody, IgM	

Reason for testing:

Screening/Immune status

Acute Hepatitis

Chronic Hepatitis

Other _____

Risk factors:

Injection drug use

Homosexual Activity

Multiple sex partners

Other _____

OTHER

HSV-1 Antibody (type-specific)

HSV-2 Antibody (type-specific)

Measles Antibody

Mumps Antibody

Rubella Antibody

Varicella-Zoster Antibody

West Nile Antibody, IgM

BACTERIOLOGY

GONORRHEA CULTURE (Modified Thayer-Martin medium)
Source: cervix urethra rectum
 throat other _____

CHLAMYDIA and GONORRHEA APTIMA (APTIMA transport tube)
Source: urine cervix urethra
 vagina rectum throat

ACID FAST BACILLUS CULTURE WITH SMEAR (Sterile container)
Source: sputum other _____

GROUP A STREP CULTURE (CultureSwab)
Source: throat other _____

GROUP B STREP CULTURE (CultureSwab)
Source: vagina/rectum other _____
Penicillin allergy? No Yes

STOOL CULTURE (Enteric pathogen transport vial)
Specify: bloody liquid formed

E COLI SHIGA TOXIN (Enteric pathogen transport vial)

PERTUSSIS CULTURE (Regan-Lowe transport medium)
Source: nasopharynx other _____

PERTUSSIS PCR (Sterile container)
Source: nasopharynx other _____

OTHER _____

PARASITOLOGY

Specify: bloody stool liquid stool formed stool

OVA AND PARASITES (Formalin vial)

CRYPTOSPORIDIUM (Formalin vial)

PINWORM (Adhesive paddle)

OTHER _____

TRICHOMONAS CULTURE (InPouch medium)
Source: vagina other _____

VIROLOGY

HERPES SIMPLEX VIRUS CULTURE (Viral transport medium)
Source: genital lesion other _____

RESPIRATORY VIRUS CULTURE (Viral transport medium)
Source: throat other _____

VIRUS CULTURE (Viral transport medium)
Specify virus/source: _____

INFLUENZA A & B ANTIGEN

REMARKS

DATE RECEIVED