

Follow-up Laboratory Testing

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*required for saving

**required for completion

Facility ID#: _____	Lab #: _____
*HCW ID#: _____	
HCW Name, Last: _____ First: _____ Middle: _____	
*Sex : <input type="checkbox"/> F <input type="checkbox"/> M *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)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).