Public Health
Seattle & King County

Public Health – Seattle & King County Laboratory
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Health Care Provider			Patient Name (Last, First, Middle Initial)			
Street			Patient ID	DOB	Sex	Race
City	Zip Code	WA	Medicaid/Private Insurance	ICD9/Diagnosis	Date Collected	

SEROLOGY

Time Collected

HIV

- ☐ HIV-1/HIV-2 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):

- ☐ Sex with male
- ☐ Sex with female
- ☐ Injection drug user
- ☐ Sex for money/drugs
- ☐ Foreign Born, Where? _____
- ☐ Other (specify) _____
- ☐ None of the above

Sexual relations with:

- ☐ Person with HIV/AIDS
- ☐ Homosexual/Bisexual male
- ☐ Injection drug user

During the past 12 months:

- ☐ Reportable STD
- ☐ 4 or more sex partners

Tested previously? ☐ No ☐ Yes
If tested, Result: _____
Date: _____

SYPHILIS

- ☐ RPR (qualitative)
- ☐ RPR (quantitative)
- ☐ TP-PA
- ☐ VDRL (Spinal fluid)
- ☐ FTA-ABS (Spinal fluid)

HEPATITIS

- ☐ Hepatitis A Antibody
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis B Surface Antibody
- ☐ Hepatitis B Core Antibody
- ☐ Hepatitis C Antibody
- ☐ Hepatitis A Antibody, IgM
- ☐ Hepatitis B Core Antibody, IgM

OTHER

- ☐ HSV-1 Antibody (type-specific)
- ☐ HSV-2 Antibody (type-specific)
- ☐ Measles Antibody
- ☐ Mumps Antibody
- ☐ Rubella Antibody
- ☐ Varicella-Zoster Antibody
- ☐ Quantiferon-TB (Quantiferon Blood Collection Tubes)
  Date & Time Collected: _____
- ☐ Zinc Protoporphyrin (heparin, EDTA or citrate whole blood)

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 _____

☐ **STOOL CULTURE WITH 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

☐ **OVA AND PARASITES** (EcoFix vial)
Source: ☐ stool

☐ **CRYPTOSPORIDIUM** (EcoFix vial)
Source: ☐ stool

☐ **PINWORM** (Adhesive paddle)
Source: ☐ perianal area

☐ **TRICHOMONAS APTIMA** (APTIMA transport tube)
Source: ☐ urine ☐ cervix ☐ urethra ☐ vagina

VIROLOGY

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

☐ **HERPES SIMPLEX VIRUS PCR** (Viral transport medium)
Source: ☐ genital lesion ☐ other _____

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

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

☐ **INFLUENZA A & B ANTIGEN** (Viral transport medium)
Source: ☐ nasopharynx ☐ nasal ☐ other _____

REMARKS

DATE RECEIVED