



## 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**

<p>Label</p> <p>_____ /___/___</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p>	<p>Label</p> <p>_____ /___/___</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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



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OMB No. 0920-0666  
Exp. Date: xx/xx/20xx  
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or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.207, v6.6