



Follow-up Laboratory Testing

Page 1 of 1

*required for saving

**required for completion

Facility ID#: _____

Lab #: _____

*HCW ID#: _____

HCW Name, Last: _____ First: _____ Middle: _____

*Gender: ☐ F ☐ M ☐ Other

*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	Other 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-suppl	__/__/__	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	
_____	__/__/__	_____	__/__/__
—	_____	_____	_____
_____	_____	_____	_____
—	_____	_____	_____
_____	_____	_____	_____
—	_____	_____	_____
_____	_____	_____	_____
—	_____	_____	_____
_____	_____	_____	_____

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



Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

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