

PRIMARY/INDEX LAB'S NAME: _____ ADDRESS: _____
 PHONE: () _____ - _____ CLIA ID# _____ DATE SENT (mm/dd/yyyy): ___/___/___ BY _____
City State Zip

LAST NAME		FIRST NAME		MIDDLE NAME	PROVIDER'S NAME			
DATE OF BIRTH (mm/dd/yyyy)		GENDER (1=M, 2=F, 3=M-F, 4=F-M)		RACE <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black <input type="checkbox"/> (3) Latino <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) American Indian/Alaska Native <input type="checkbox"/> (6) Hawaiian/Pacific Islander <input type="checkbox"/> (9) Unknown	Address			
					City	State CA	Zip	Phone ()
ACCESSION NUMBER		MED REC NO		SOC SEC NO		MD'S Name ()		
DATE DRAWN (mm/dd/yyyy)		CD4 RESULTS	Count: _____ cells/µl	VIRAL LOAD	<input type="checkbox"/> Undetectable _____ (Please indicate lower baseline of reference range) <input type="checkbox"/> Detectable _____ <input type="checkbox"/> copies/ml <input type="checkbox"/> log(10) copies/ml <input type="checkbox"/> RT-PCR (Roche/Abbott) <input type="checkbox"/> bDNA (Bayer) <input type="checkbox"/> Nasba (Organon) <input type="checkbox"/> Other			
DATE TESTED (mm/dd/yyyy)			Percent: _____ %					

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Because of severe penalties written into the law for breaches in security and confidentiality, HIV Epidemiology Program strongly suggests you **NOT email or fax** laboratory reports of HIV-indicative results to us. HIV reports can be sent by traceable mail or courier services to:
Epidemiology Program, LAC Department of Public Health
 600 S. Commonwealth Ave, Suite #1260
 Los Angeles, CA 90005-4001
 Help Desk: 213-351-8516