Houston Department of
Health and Human Services

Bureau of Laboratory Services
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All of the following information is REQUIRED

Collection Date: _____ Time: _____

Source: _____

Submitter: _____

Account #: _____

Name: _____

MR #: _____

SS#: _____ DOB: _____

Race: _____ Sex: _____

Date of onset of illness: _____

VIROLOGY

SYPHILIS SEROLOGY

____4005 RPR, Qualitative / Quantitative
____4010 MHA-TP
____0000 MHA-TP if RPR Reactive

HEPATITIS SEROLOGY

Hepatitis B Virus EIA

____5005 Anti-HBs
____5010 HBsAg
____5015 HbsAg Confirmation
____5020 Anti HBc
____5025 Anti HBc (IgM)
____5030 HBeAg
____5035 Anti-HBe

Hepatitis A Virus EIA

____5105 HAV IgG-AB
____5110 HAV IgM-Ab

VIROLOGY

Viral & Chlamydial Isolation

____5505 Herpes Simplex Culture
____5525 Chlamydia trachomatis Culture
____5530 Cytomegalovirus Culture
____5535 Enterovirus Typing
____5540 Viral Screen
____0000 Other_____

VIRAL SEROLOGY

EIA for Antibody Presence

____5205 Rubella
____5210 Rubella (IgM Antibody)
____5215 Rubeola
____5217 Rubeola (IgM Antibody)
____ 5220 Varicella-Zoster Virus
____5225 Mumps
____5240 HIV EIA
____5245 HIV Western Blot
____5405 Toxoplasma Gondii
____ Arbovirus EIA
____ Herpes Simplex Virus
____ Toxoplasmosis gondii
____ Cytomegalovirus

RABIES TESTING

____5705 Fluorescence, Direct

MISCELLANEOUS

____5615 Rotavirus Stool, Direct EIA