

Name:
MR #:
SS#:
Date of Birth:
Sex:
Race:
Clinic:

LABEL OR PRINT

**CITY OF HOUSTON
HEALTH AND HUMAN SERVICES
STAT LABORATORY REQUEST FORM**



Bureau of Laboratory Services
832.393.3936 Health Center Support Labs
832.393.3955 Med. Microbiology/TB
832.393.3914 Serology/Virology
Fax 832.393.3985

All of the following information is required.

Collected by (Clinic Staff) _____ Date Collected _____ Time Collected _____
 Received by (Lab Staff) _____ Date Received _____ Time Received _____
 Test Completed by (Lab Staff) _____ Date Completed _____ Time Completed _____
 Specimen(s) Centrifuged? Yes () No () If Yes: Start time of Centrifugation _____

Program: () FP () STD () Mobile Unit () Other _____

<input type="checkbox"/> Wet Prep:	Results: <input type="checkbox"/> TRICHOMONAS PRESENT <input type="checkbox"/> BUDDING YEASTS AND/OR HYPHAE PRESENT <input type="checkbox"/> CLUE CELLS PRESENT	<input type="checkbox"/> EXCESSIVE PMNs PRESENT <input type="checkbox"/> PMNs present <input type="checkbox"/> Epithelial cells present
<input type="checkbox"/> Gram Stain:	Results: <input type="checkbox"/> PMNs PRESENT, GRAM NEGATIVE DIPLOCOCCI WITHIN PMNs. <input type="checkbox"/> PMNs PRESENT, no significant microorganisms seen. <input type="checkbox"/> PMNs PRESENT, extracellular-diplococci seen. <input type="checkbox"/> Insufficient PMNs, no significant microorganisms seen.	
<input type="checkbox"/> Syphilis Serology	RPR Results: <input type="checkbox"/> REACTIVE, Titer _____ (Reflexes to TP-PA, if not previously performed.) <input type="checkbox"/> TP-PA, previously performed REACTIVE <input type="checkbox"/> Nonreactive	RPR Titer Control Results: _____ Control Expiration Date: _____
<input type="checkbox"/> Darkfield	Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> Negative <input type="checkbox"/> Unsatisfactory	Darkfield Control Results: _____ Control Expiration Date: _____
<input type="checkbox"/> Rapid HIV	Results: <input type="checkbox"/> PRELIMINARY POSITIVE (Reflexes to HIV EIA) <input type="checkbox"/> Negative <input type="checkbox"/> Invalid	Rapid HIV Control Results: Positive _____ Negative _____ A=Acceptable NA=Not Acceptable Control Expiration Date: _____
<input type="checkbox"/> Rapid Hepatitis C Virus	Results: <input type="checkbox"/> REACTIVE <input type="checkbox"/> Nonreactive <input type="checkbox"/> Invalid	Rapid HCV Control Results: _____ Positive _____ Negative _____ A=Acceptable NA=Not Acceptable Control Expiration Date: _____

CLINIC INFORMATION (Please check clinic site test is performed.)

____ La Nueva Casa de Amigos Health Center
 ____ Northside Health Center
 ____ Sharpstown Specialty Clinic
 ____ Sunnyside Health Center
 ____ Mobile Unit

1809 North Main, Houston TX 77009
 8504 Schuller, Houston TX 77093
 6201 Bonhomme, Houston TX 77036
 9314 Cullen Blvd., Houston TX 77051

713-547-8000
 713-696-5900
 713-780-5600
 713-732-5000

HDHHS Rev 5/02; Rev 9/10; Rev 6/12; Rev 9/12