

“VIRAL LOAD/CD4 T-CELL” TEST REPORT FORM

PRIMARY/INDEX LAB'S NAME: _____ ADDRESS: _____

PHONE: _____ CLIA ID# _____ DATE SENT (mm/dd/yyyy): _____ City _____ State _____ Zip _____
 BY _____

| LAST NAME | | FIRST NAME | | MIDDLE NAME | PROVIDER'S NAME | | | |
|----------------------------|--|-------------|-----------------------|--|---|-------------|-----|-------|
| DATE OF BIRTH (mm/dd/yyyy) | | GENDER | | RACE <input type="checkbox"/> (1) White <input type="checkbox"/> (5) American Indian/Alaska Native <input type="checkbox"/> (2) Black <input type="checkbox"/> (6) Hawaiian/Pacific Islander <input type="checkbox"/> (3) Latino <input type="checkbox"/> (9) Unknown <input type="checkbox"/> (4) Asian | Address | | | |
| | | | | | City | State CA | Zip | Phone |
| ACCESSION NUMBER | | MED REC NO | | SOC SEC NO | | MD'S Name | | Phone |
| DATE DRAWN (mm/dd/yyyy) | | CD4 RESULTS | Count: _____ cells/µl | VIRAL LOAD | _____ <input type="checkbox"/> copies/ <input type="checkbox"/> log(10) copies/ml | | | |
| DATE TESTED (mm/dd/yyyy) | | | Percent: _____ % | | Manufacturer _____ | | | |

| LAST NAME | | FIRST NAME | | MIDDLE NAME | PROVIDER'S NAME | | | |
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| | | | | | City | State CA | Zip | Phone |
| ACCESSION NUMBER | | MED REC NO | | SOC SEC NO | | MD'S Name | | Phone |
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| | | | | | City | State CA | Zip | Phone |
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| DATE TESTED (mm/dd/yyyy) | | | Percent: _____ % | | Manufacturer _____ | | | |

LABORATORIES: SUBMIT COMPLETED FORM MARKED “CONFIDENTIAL”
 BY COURIER OR TRACEABLE MAIL TO:

TO DOWNLOAD THIS FORM, GO TO [HTTP://PUBLICHEALTH.LACOUNTY.GOV/DHSP/REPORTLABHIV.HTM](http://PUBLICHEALTH.LACOUNTY.GOV/DHSP/REPORTLABHIV.HTM).

DO NOT SEND THE REPORT BY EMAIL OR FAX.

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 LOS ANGELES, CA 90005