

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 _____

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