



LABORATORY & PSYCHOLOGICAL TESTS INFORMATION

* CLIENT: _____
* LAST NAME _____ * FIRST NAME _____ Middle _____

* TEST TYPE: 01 EIA TESTS NOT MEDICALLY INDICATED

Test Result: 0 Negative 1 Positive 9 N/D

Provided By: _____

* TEST DATE: _____ / _____ / _____ Result Date: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: 02 HIV 1 / 2 COMBINATION TESTS NOT MEDICALLY INDICATED

Test Result: 0 Negative 1 Positive 9 N/D

Provided By: _____

* TEST DATE: _____ / _____ / _____ Result Date: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: 03 WESTERN BLOT / IFA NOT MEDICALLY INDICATED

Test Result: 0 Negative 1 Positive 8 Ind 9 N/D

Provided By: _____

* TEST DATE: _____ / _____ / _____ Result Date: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: 04 OTHER HIV ANTIBODY TESTS NOT MEDICALLY INDICATED

Test Code: 01 RIPA 02 Latex Ag 03 Peptide 04 Rapid 11 IgA 12 IVAP 88 Other 99 Unspecified

Test Result: 0 Negative 1 Positive 8 Ind 9 N/D

Provided By: _____

* TEST DATE: _____ / _____ / _____ Result Date: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: 05 HIV DETECTION / ANTIGEN / VIRAL / LOAD TESTS NOT MEDICALLY INDICATED

Test Code: 01 Culture 02 Antigen 03 PCR 04 Repeat PCR 11 NASBA 12 Quant. PCR 13 bDNA 18 Other Viral 88 Other 99 Unspecified

Test Result: 0 Negative 1 Positive 5 Detectable 6 Undetectable 8 Unknown 9 N/D

Range: 01 < 500 02 500-1,000 03 1,000-9,999 04 10,000-49,999 05 50,000-99,999 06 100,000-499,999 07 500,000-1,000,000 08 >1,000,000

Count: _____ Percentage: _____ %

Provided By: _____

* TEST DATE: _____ / _____ / _____ Result Date: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR



LABORATORY & PSYCHOLOGICAL TESTS INFORMATION

* CLIENT: _____
* LAST NAME * FIRST NAME Middle

* TEST TYPE: HA HEPATITIS A NOT MEDICALLY INDICATED

Test Code: 01 Total Anti-HAV 02 IgM Anti-HAV 03 IgG Anti-HAV

Test Result: 01 Positive (+) 02 Negative (-)

Provided By: _____

* TEST DATE: ____ / ____ / ____ Result Date: ____ / ____ / ____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: HB HEPATITIS B NOT MEDICALLY INDICATED

Test Code: 01 HBsAG 02 Anti-HBs 03 Total Anti-HBc 04 IgM Anti-HBc 05 HBeAg 06 HBeAb 07 HBV DNA

Test Result: 01 Positive (+) 02 Negative (-)

Provided By: _____

* TEST DATE: ____ / ____ / ____ Result Date: ____ / ____ / ____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: HC HEPATITIS C NOT MEDICALLY INDICATED

Test Code: 01 Anti-HCV (EIA) 02 Anti-HCV (RIBA) 03 HCV RNA 04 HCV Genotype

Test Result For 01 Anti-HCV (EIA) and 02 Anti-HCV (RIBA): 01 Positive (+) 02 Negative (-)

Test Result For 03 HCV RNA: 01 Positive / Detectable 02 Negative / Undetectable

Test Result For 04 HCV Genotype: 01 1a 02 1b 03 1c 04 2a 05 2b 06 2c 07 3a 08 3b 09 4a 10 4b 11 4c 12 4d 13 4e 14 5a 15 6a 16 Other

Provided By: _____

* TEST DATE: ____ / ____ / ____ Result Date: ____ / ____ / ____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: HP HUMAN PAPILOMAVIRUS (HPV) INFECTION NOT MEDICALLY INDICATED

Test Code: 01 High Risk Serotypes (16, 18, 31, 45) 02 Other High Risk Serotypes 03 Low Risk Serotypes 04 None Detected

Test Result: 01 Positive (Abnormal) 02 Negative (Normal)

Provided By: _____

* TEST DATE: ____ / ____ / ____ Result Date: ____ / ____ / ____
MONTH DAY YEAR MONTH DAY YEAR

* TEST TYPE: HS HERPES SIMPLEX VIRUS (HSV) 1/2 NOT MEDICALLY INDICATED

Test Code: 01 Antibody Tests 02 Herpes Viral Culture 03 Herpes Virus Antigen Detection Test 05 Tzank Prep

04 Polymerase Chain Reaction (PCR) Test

Test Result: 01 Positive (Abnormal) 02 Negative (Normal)

Test Result For 04 Polymerase Chain Reaction (PCR) Test: 01 Positive 02 Below Level Of Detection

Provided By: _____

* TEST DATE: ____ / ____ / ____ Result Date: ____ / ____ / ____
MONTH DAY YEAR MONTH DAY YEAR

