

# “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	Zip
					CA			
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			
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			
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ACCESSION NUMBER		MED REC NO		SOC SEC NO		MD'S Name		
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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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