

Name: \_\_\_\_\_  
 MR #: \_\_\_\_\_  
 SS#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 LABEL OR PRINT

CITY OF HOUSTON  
 HEALTH DEPARTMENT  
 STAT LABORATORY REQUEST FORM



**HOUSTON HEALTH  
 DEPARTMENT**

Bureau of Laboratory Services  
 832.393.3972 Health Center Support Labs  
 832.393.3955 Med. Microbiology/TB  
 832-393-3914 Serology/Virology  
 Fax 832.393.3992

**All of the following information is required:**

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

**Program:**  FP  STD  MU

<input type="checkbox"/> <b>Wet Prep:</b>	<b>Results:</b> <input type="checkbox"/> TRICHOMONAS PRESENT <input type="checkbox"/> EXCESSIVE PMNs PRESENT <input type="checkbox"/> BUDDING YEASTS AND/OR HYPHAE PRESENT <input type="checkbox"/> PMNs present <input type="checkbox"/> CLUE CELLS PRESENT <input type="checkbox"/> Epithelial cells present
<input type="checkbox"/> <b>Gram Stain:</b>	<b>Results:</b> <input type="checkbox"/> PMNs PRESENT, GRAM NEGATIVE DIPLOCOCCI WITHIN PMNs <input type="checkbox"/> PMNs PRESENT, no significant microorganisms seen <input type="checkbox"/> PMNs RESENT, extracellular-diplocooci seen <input type="checkbox"/> Insufficient PMNs, no significant microorganisms seen
<input type="checkbox"/> <b>Syphilis Serology</b>	<b>RPR Results:</b> <input type="checkbox"/> REACTIVE, Titer _____ (Reflexes to Rapid TP-PA, if not previously performed) <input type="checkbox"/> TP-PA, previously performed REACTIVE <input type="checkbox"/> MHAT-P previously performed reactive <input type="checkbox"/> Nonreactive
<input type="checkbox"/> <b>Rapid TP-PA</b>	<b>Results:</b> <input type="checkbox"/> POSITIVE <input type="checkbox"/> Negative – (Reflex to Conventional TP-PA) <input type="checkbox"/> Invalid – (Reflex to Conventional TP-PA)
<input type="checkbox"/> <b>Rapid HIV</b>	<b>Results:</b> <input type="checkbox"/> PRELIMINARY REACTIVE (Reflexes to HIV EIA) <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Invalid
<input type="checkbox"/> <b>Rapid HCV</b>	<b>Results:</b> <input type="checkbox"/> REACTIVE <input type="checkbox"/> Nonreactive <input type="checkbox"/> Invalid

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

____ La Nueva Casa de Amigos Health Center	1809 North Main, Houston TX 77009	832-395-0570
____ Northside Health Center	8504 Schuller, Houston TX 77093	832-395-9100
____ Sharpstown Specialty Clinic	6201 Bonhomme, Houston TX 77036	832-395-9800
____ Sunnyside Health Center	4605 Wilmington St, Houston TX 77051	832-395-0206
____ Mobile Unit		

Revised 04/2021