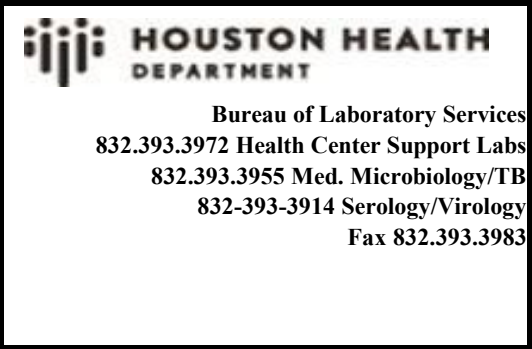


Name: _____
 MR #: _____
 SS#: _____
 Date of Birth: _____
 Sex: _____
 Race: _____
 Clinic: _____

LABEL OR PRINT

**CITY OF HOUSTON
 HEALTH DEPARTMENT
 STAT LABORATORY REQUEST FORM**



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"/> Wet Prep:	Results: <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
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<input type="checkbox"/> Gram Stain:	Results: <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
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<input type="checkbox"/> Syphilis Serology	RPR Results: <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
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<input type="checkbox"/> Rapid TP-PA	Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> Negative – (Reflex to Conventional TP-PA) <input type="checkbox"/> Invalid – (Reflex to Conventional TP-PA)
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<input type="checkbox"/> Rapid HIV	Results: <input type="checkbox"/> PRELIMINARY REACTIVE (Reflexes to HIV EIA) <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Invalid
---	---

<input type="checkbox"/> Darkfield	Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> Negative <input type="checkbox"/> Unsatisfactory
---	--

<input type="checkbox"/> Rapid HCV	Results: <input type="checkbox"/> REACTIVE <input type="checkbox"/> Nonreactive <input type="checkbox"/> Invalid
---	--

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

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