



LOS ANGELES COUNTY STD PROGRAM SYPHILIS LABORATORY REPORT



DATE OF REPORT

REPORT STATUS New Update

REPORT DONE BY

1 PATIENT
 2 PROVIDER
 3 LABORATORY
 4 TEST RESULT
 5 REFERENCE LABORATORY

1 PATIENT

PATIENT'S LAST NAME FIRST NAME M.I.

PATIENT'S STREET ADDRESS APT/UNIT NO.

CITY/TOWN STATE ZIP CODE

AREA CODE - DAY TELEPHONE NUMBER -

AREA CODE - EVENING TELEPHONE NUMBER -

Birth Date - -

AGE:

GENDER: Male Female Transgender (M to F) Transgender (F to M) Unknown or Refused

PREGNANT: Yes Unknown No

POSTPARTUM: Yes Unknown No

RACE (check all that apply): White Black or African American Native American or Alaska Native Asian or Asian American Native Hawaiian or Pacific Islander Unknown Refused Other

2 PROVIDER

DOCTOR'S LAST NAME DOCTOR'S FIRST NAME M.I.

FACILITY/CLINIC NAME

FACILITY STREET ADDRESS SUITE/UNIT NO.

CITY/TOWN STATE ZIP CODE

AREA CODE - TELEPHONE NUMBER - AREA CODE - FAX NUMBER -

For HIV REPORTING:
Call (213) 351-8516 or visit
<http://publichealth.lacounty.gov/dhsp/ReportCase.htm>

3 LABORATORY

LABORATORY'S NAME

LABORATORY'S STREET ADDRESS

CITY/TOWN STATE ZIP CODE

AREA CODE - TELEPHONE NUMBER - AREA CODE - FAX NUMBER -

4 SYPHILIS

<p>TEST NAME: (check all that apply)</p> <p><input type="checkbox"/> RPR Titer: <input type="checkbox"/> Reactive - Titer 1: <input type="text"/> <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> VDRL Titer: <input type="checkbox"/> Reactive - Titer 1: <input type="text"/> <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> TP- PA (Serodia): <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> FTA - ABS: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> MHA - TP: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> EIA (IgG/IgM): <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> RPR Qualitative: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> Other (Specify): <input type="text"/></p>	<p>TEST RESULT:</p>	<p>SPECIMEN TYPE:</p> <p><input type="checkbox"/> BLOOD</p> <p><input type="checkbox"/> CSF</p> <p><input type="checkbox"/> Other (Specify) <input type="text"/></p> <p>Spec. Coll. Date (MM-DD-YY): <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Test Date (MM-DD-YY): <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Specimen ID #: <input type="text"/></p> <p>Date reported (MM-DD-YY): <input type="text"/> - <input type="text"/> - <input type="text"/></p>
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5 REFERENCE LABORATORY

REFERENCE LABORATORY'S NAME (If specimen was sent for further testing from original lab to reference lab, reference lab info required in addition to the above information)

REFERENCE LABORATORY'S STREET ADDRESS

CITY/TOWN STATE ZIP CODE

AREA CODE - TELEPHONE NUMBER - AREA CODE - FAX NUMBER -

<p>TEST NAME:</p> <p><input type="checkbox"/> RPR Titer: <input type="checkbox"/> Reactive - Titer 1: <input type="text"/> <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> TP- PA (Serodia): <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> FTA - ABS: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> MHA - TP: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive</p> <p><input type="checkbox"/> Other (Specify): <input type="text"/></p>	<p>TEST RESULT:</p> <p>Test Date (MM-DD-YY): <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Date reported (MM-DD-YY): <input type="text"/> - <input type="text"/> - <input type="text"/></p>
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