LOS ANGELES COUNTY STD PROGRAM
SYPHILIS LABORATORY REPORT

County of Los Angeles Public Health

DATE OF REPORT _____ **REPORT STATUS** ☐ New ☐ Update **REPORT DONE BY** _____

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 - -

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

AGE:

PREGNANT:
☐ Yes ☐ Unknown
☐ No

POSTPARTUM:
☐ Yes ☐ Unknown
☐ No

RACE (X 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 publichealth.lacounty.gov/hiv/

3 LABORATORY

LABORATORY'S NAME

LABORATORY'S STREET ADDRESS

CITY/TOWN **STATE** **ZIP CODE**

AREA CODE - TELEPHONE NUMBER ( ) -

AREA CODE - FAX NUMBER ( ) -

4 TEST RESULT

SYPHILIS

TEST NAME: (X all that apply)

	TEST RESULT:	
☐ RPR Titer:	☐ Reactive - **Titer** 1:	☐ Non-Reactive
☐ VDRL Titer:	☐ Reactive - **Titer** 1:	☐ Non-Reactive
☐ TP- PA (Serodia):	☐ Reactive	☐ Non-Reactive
☐ FTA - ABS:	☐ Reactive	☐ Non-Reactive
☐ MHA - TP:	☐ Reactive	☐ Non-Reactive
☐ EIA (IgG/IgM):	☐ Reactive	☐ Non-Reactive
☐ RPR Qualitative:	☐ Reactive	☐ Non-Reactive
☐ Other (Specify):		

SPECIMEN TYPE:
☐ BLOOD
☐ CSF
☐ Other (Specify)

Spec. Coll. Date (MM-DD-YY): - -

Test Date (MM-DD-YY): - -

Specimen ID #:

Date reported (MM-DD-YY): - -

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 ( ) -

TEST NAME:	**TEST RESULT:**	
☐ RPR Titer:	☐ Reactive - **Titer** 1:	☐ Non-Reactive
☐ TP- PA (Serodia):	☐ Reactive	☐ Non-Reactive
☐ FTA - ABS:	☐ Reactive	☐ Non-Reactive
☐ MHA - TP:	☐ Reactive	☐ Non-Reactive
☐ Other (Specify):		

Test Date (MM-DD-YY): - -

Date reported (MM-DD-YY): - -

FAX TO: (213) 749-9602 **REPORTING OR QUESTION: (213) 744-3106** **DOWNLOAD FROM: HTTP://PUBLICHEALTH.LACOUNTY.GOV/STD/LABS.HTM**

Updated by 11/04/2010