### BACTERIOLOGY

- **GONORRHEA CULTURE** (Modified Thayer-Martin medium)
  - Source: cervix, urethra, rectum, throat, other

- **CHLAMYDIA and GONORRHEA APTIMA** (APTIMA transport tube)
  - Source: urine, cervix, urethra, vagina, rectum, throat

- **ACID FAST BACILLUS CULTURE WITH SMEAR** (Sterile container)
  - Source: sputum, other

- **GROUP A STREP NAAT** (CultureSwab)
  - Source: throat, other

- **STOOL CULTURE WITH E COLI SHIGA TOXIN** (Enteric pathogen transport vial)

- **CRYPTOSPORIDIUM** (EcoFix vial)
  - Source: stool

- **PERTUSSIS NAAT** (CultureSwab)
  - Source: nasopharynx, other

- **OTHER**

### PARASITOLOGY

- **OVA AND PARASITES** (EcoFix vial)
  - Source: stool

- **CRYPTOSPORIDIUM** (EcoFix vial)
  - Source: stool

- **PINWORM** (Adhesive paddle)
  - Source: perianal area

- **TRICHOMONAS APTIMA** (APTIMA transport tube)
  - Source: urine, cervix, urethra, vagina

### VIROLOGY

- **HERPES SIMPLEX VIRUS NAAT** (Viral transport medium)
  - Source: genital lesion, other

- **VARICELLA ZOSTER VIRUS NAAT** (Viral transport medium)
  - Source: lesion, other

- **INFLUENZA A AND B NAAT** (Viral transport medium)
  - Source: nasopharynx, nasal, other

- **RESPIRATORY VIRUS CULTURE** (Viral transport medium)
  - Source: nasopharynx, nasal, other

- **VIRUS CULTURE** (Viral transport medium)
  - Specify virus/source: 

### SEROLOGY

- **HIV-1/HIV-2 Antigen/Ab EIA** (includes Geenius when EIA is positive)
  - Rapid HIV antibody: negative, positive
  - Date: ____________
  - Individual HIV-1 RNA (approved by: ____________________________)

- **Exposures since 1978** (check all that apply):
  - Sex with male
  - Sex with female
  - Injection drug user
  - Sex for money/drugs
  - Foreign Born, Where? ____________________________
  - Other (specify) ____________________________
  - None of the above

- **During the past 12 months:**
  - Tested previously? No, Yes
  - If tested, Result: ____________________________
  - Date: ____________________________

### SYphilis

- **RPR (qualitative)**
- **RPR (quantitative)**
- **TP-PA**
- **VDRL (Spinal fluid)**
- **FTA-ABS (Spinal fluid)**

### Hepatitis

- Hepatitis A Antibody
- Hepatitis B Surface Antigen
- Hepatitis B Surface Antibody
- Hepatitis B Core Antibody
- Hepatitis C Antibody
- Hepatitis A Antibody, IgM
- Hepatitis B Core Antibody, IgM

### OTHER

- HSV-1 Antibody (type-specific)
- HSV-2 Antibody (type-specific)
- HSV Western Blot
- Measles Antibody
- Mumps Antibody
- Rubella Antibody
- Varicella-Zoster Antibody
- Quantiferon-TB (Quantiferon Blood Collection Tubes)
    - Date & Time Collected: ____________________________

### Remarks

- **DATE RECEIVED**

---

**Public Health – Seattle & King County Laboratory**
325 NINTH AVENUE, BOX 359973, ROOM BWC03, SEATTLE, WA 98104-2499
PHONE: (206) 744-8950  FAX: (206) 744-8963
www.kingcounty.gov/health/lab