REQUEST FOR HIV RESULTS

For use of this form, see USMEPCOM Reg 40-8

FOR OFFICIAL USE ONLY

1. Requestor:	2. Request Date:	3. Phone/Fax Numbers: **FAX**

4.

☐ Applicant is a shipper today

☐ Applicant is not a shipper today

5. SSN	6. SPECIMEN	7. DATE	8. LOCK NUMBER	9. RESULT

10. Person providing results:	11. Date:	12. Approved for release:	13. Date:

14. Remarks:

FAX TRANSMITTAL

To: **Sector**	From:
Section: **Medical**	Section: **Medical**
Telephone:	Telephone:
Fax Number:	Fax Number: