

HIV SCREENING RECORD

FOR OFFICIAL USE ONLY

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

	LAB #	RESULT		LAB #	RESULT
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DATE: _____ PROCESSOR: _____ PLATE: _____ BATCH: _____

HIV SCREENING RECORD

1. Submitting Agency: **USMEPCOM**

2. Collection Site:

3. Laboratory Name and Address:

4. Means of Shipment:

5. Releasing Official: This certifies that HIV specimens received from laboratory technician were correctly labeled, packaged, sealed, securely stored and released for shipment:

Releasing Official Signature: _____

Date:

Lock:

FOR TESTING LABORATORY USE ONLY

1. Condition: Undamaged Damaged

2. Comments/Discrepancies/Reason Not Tested:

3. Certifying Official: This certifies that all noted findings accurately report testing results.

Certifying Official signature: _____

Certifying Official Title: _____

Date: _____