

FORM 2B. NTP LABORATORY RESULT FORM FOR HIV SCREENING OF TB PATIENTS

Name of Requesting Facility:	Date Requested (MM/DD/YYYY):	
Patient's Name (SURNAME, Given Names Name Extension and Middle Name):	Age:	Sex:
		[] M [] F

HIV Screening Result

Lab Serial No.:	Method:	Kit/ Reagent:	Lot No.:	Result:

Medical Technologist (SIGNATURE OVER PRINTED NAME):	Date Performed (MM/DD/YYYY):	Date Released (MM/DD/YYYY):