₽	COLUMBIA HEALTH Medical Services

John Jay Hall 519 W 114th Street Mail Code 3601 New York, NY 10027 Phone 212.854.7426 Fax 212.854.3372

HIV1/2 ANTIBODY/ANTIGEN TEST REQUEST

Deleted:	2284

		Fax 212.854.3372		Deletedi 2204			
	Patient Information	1 dx 212.034.3372					
	Last Name: DOB-mm/dd/yyyy://						
	First Name:		Immunization or viral illnesses in last 3 mos?				
	<u>Lab Order</u>		No / Yes				
	Alere Determine HIV-1/2	Ag/Ab Combo Test (Finger	stick Whole Blood) – special request				
	HIV-1/0/2 Antigen/Antibe	HIV-1/0/2 Antigen/Antibody, 4 th Generation (LabCorp #083935) – default test					
	RPR (Rapid Plasma Reas	gin) – requires student insura	ence (or acceptance of possible charges)				
1	SUBM I certify that the patient has received info	ITTER ATTESTATION STAT					
Į	received pre-test counseling.		the voluntary nature of the test and has				
	Physician Richard O'Keefe, M.D. NYS LIC # 175642 Diagnosis (ICD-10): Z11.3	Signature					
	<u>Advocate</u>	<u>Date</u>					
	OLUMBIA HEALTH edical Services	Mail Code 3601 New York, NY 10027 Phone 212.854,7426	V1/2 ANTIBODY/ANTIGEN TEST REQUEST	Deleted: 2284			
	Patient Information	Fax 212.854.3372					
	Last Name:						
	First Name:		Immunization or viral illnesses in				
			last 3 mos?				
	<u>Lab Order</u>		No / Yes				
	Alere Determine HIV-1/2	Ag/Ab Combo Test (Finger	stick Whole Blood) – special request				
	HIV-1/0/2 Antigen/Antibody, 4 th Generation (LabCorp #083935) – default test						
	RPR (Rapid Plasma Reagin) – requires student insurance (or acceptance of possible charges)						
I	SUBMIT I certify that the patient has received info has received pre-test counseling.	TER ATTESTATION STATE ormation about limitations, risks, and					
	Physician Richard O'Keefe, M.D. NYS LIC # 175642 Diagnosis (ICD-10): Z11.3	Signature					
	Advocate	<u>Date</u>					