

Source Information			
Last Name:	First Name:	M.I.:	Date of Birth:

Gender:	ID:
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Address:	City, State, Zip:
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MRN:	PCP: Dr. Juan Figueroa
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University Medical Center Regional Laboratories
4625 Alberta Ave, El Paso, Texas 79905
p. 915-521-7880

Labels:

TEXAS TECH OCCUPATIONAL HEALTH - LAB REQUISITION

- HIV
- HCV-AB
- Heb B Surface Atgn
- RPR
- Hep B Core

Occupational Health Signature: <i>Yolanda Grady, RN</i>	Date:	Collection Date: _____
		Collection Time: _____

Test Due Date:

Order Expiration Date:

EXPOSED: _____
DOB: _____

Charge Plate:
OCC HEALTH TEXAS TECH
00001014800 9/27/2000 H
1015090317 10/1/2008
4800 Alberta Avenue
El Paso, Texas 79905
p. 915-215-4392
F F95 LAB CONTRACTS