

# SOURCE INFORMATION

<b>Last name</b>	<b>First</b>	<b>MI</b>	<b>DOB</b>
<b>Sex</b>		<b>SS #</b>	
<b>Address</b>		<b>City / State / Zip</b>	
<b>Medical Record #</b>	<b>Primary Physician</b> Dr. Juan Figueroa		



UNIVERSITY MEDICAL CENTER  
OF EL PASO

UNIVERSITY MEDICAL CENTER REGIONAL LABORATORIES  
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EL PASO, TEXAS 79905  
(915) 621-7788  
FAX (915) 521-7853  
CLIA # 45D0667465  
CAP # 21737-01

## TEXAS TECH OCCUPATIONAL HEALTH

<input type="checkbox"/> <b>Rubella AB titer</b> <input type="checkbox"/> <b>Rubeola AB titer</b> <input type="checkbox"/> <b>Varicella AB titer</b> <input type="checkbox"/> <b>Hep Bs AB</b>  <input type="checkbox"/> <b>Hep Bs AB</b>  <input type="checkbox"/> <b>Cholesterol, serum</b> <input type="checkbox"/> <b>HDL direct</b> <input type="checkbox"/> <b>Triglycerides</b> <input type="checkbox"/> <b>Glucose, Serum</b> <input type="checkbox"/> <b>PSA, Annual Screen</b>	<p style="color: red; font-weight: bold;">ONLY →</p>	<input checked="" type="checkbox"/> <b>INITIAL</b> <input checked="" type="checkbox"/> <b>HIV</b> <input checked="" type="checkbox"/> <b>HCV-AB</b> <input checked="" type="checkbox"/> <b>Hep B surface Atgn</b> <input checked="" type="checkbox"/> <b>RPR</b> <input checked="" type="checkbox"/> <b>Hep B core</b>  <input type="checkbox"/> <b>HIV</b> <input type="checkbox"/> <b>HCV-AB</b> <input type="checkbox"/> <b>Hep B surface Atgn</b>  <input type="checkbox"/> <b>HIV</b> <input type="checkbox"/> <b>HCV-AB</b>
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**Labels:**

<b>Physician/Occupational Health Signature</b> <i>Yolanda Grady, RN</i>	<b>Date</b>	<b>Collection Date &amp; Time</b>
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<b>Test Due Date</b>	<b>Order Expiration Date</b>
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<p><b>EXPOSED:</b></p> <p><b>DOB:</b></p>	<p><b>OCC HEALTH TEXAS TECH</b> 000001014800 1015090317</p> <p>4800 ALBERTA AVE EL PASO TX 79905 (915) 215-4392 F F95      <b>LAB CONTRACTS</b></p>	<p><b>Charge Plate:</b></p> <p>9/27/2000 H 10/1/2008</p>
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revised: 04/16/09