

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:
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**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:
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Order Expiration Date:
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EXPOSED: _____ DOB: _____ _____ _____	Charge Plate: OCC HEALTH TEXAS TECH 000001014800 9/27/2000 H 1015090317 10/1/2008 4800 Alberta Avenue El Paso, Texas 79905 p. 915-215-4392 F F95 LAB CONTRACTS
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