

Provider:
Patient:

Sex:
Date of Birth:
Accession #:

Collected:
Received:
Completed:

Tests - DBS	Results	Reference Range
Hepatitis C antibody	Negative	Negative
HIV 1/2 Antigen/Antibody (4th Generation)	Negative	Negative
Herpes 2 IgG (HSV 2)	Negative	Negative
Syphilis IgG	Negative	Negative
Tests - Urine	Results	Reference Range
Chlamydia trachomatis DNA	Negative	Negative
Neisseria gonorrhoeae DNA	Negative	Negative
Trichomonas vaginalis DNA	Negative	Negative
Tests - Throat Swab	Results	Reference Range
Chlamydia trachomatis DNA	Negative	Negative
Neisseria gonorrhoeae DNA	Negative	Negative
Tests - Rectal Swab	Results	Reference Range
Chlamydia trachomatis DNA	Positive	Negative
Neisseria gonorrhoeae DNA	Negative	Negative

Hepatitis C Antibody (EIA)

Hepatitis C (HCV) antibody test is an initial screening test for Hepatitis C. The presence of HCV antibody does not constitute a diagnosis of HCV, but may be indicative of recent and/or past infection. When the HCV antibody test is positive, a follow-up confirmatory qualitative or quantitative nucleic acid test for HCV (HCV RNA) is recommended. The limit of detection (LoD) for DBS HCV antibody is 1/128 titer dilution. A negative HCV antibody test result does not exclude the possibility of exposure to HCV. Levels of HCV antibody may be undetectable in early infection.

HIV 1/2 Antigen-Antibody (EIA)

HIV 1/2 Antigen-Antibody is a primary screening test. A negative result is negative for all three components, HIV-1 antigen and HIV-1/HIV-2 antibodies. A Positive HIV 1/2 Antigen-Antibody test should be followed up with a supplemental antibody test that differentiates HIV-1 antibodies from HIV-2 antibodies. The limit of detection (LoD) for DBS HIV 1/2 Ag-Ab is 1/32 titer dilution. A negative HIV 1/2 Ag-Ab test result does not exclude the possibility of an exposure below the level of detection of this assay, as sometimes seen in early infection. If there is a possibility of a low level or early infection leading to a possible false negative antigen/antibody test, such as when recent exposure is suspected, consider testing for HIV-1/2 PCR, or follow-up testing at least 3 months after suspected exposure date with an Ag-Ab test.

Herpes Simplex Virus Antibody (EIA)

Equivocal Herpes Simplex 2 (HSV-2) antibody test result should be followed by a second specimen 10 to 14 days later. If the second specimen is also equivocal, primary or recent infection is not likely. If the second specimen is positive, previous exposure to HSV-2 can be considered. The limit of detection (LoD) for DBS HSV-2 antibody is 1/4 titer dilution. A negative HSV-2 antibody test result does not exclude the possibility of exposure to HSV-2. Levels of HSV-2 antibody may be undetectable in early infection.

Treponema pallidum (Syphilis) Antibody (EIA)

Anti-treponemal (Syphilis) antibody testing has been shown to be an effective way to screen for infection with *Treponema pallidum*. Negative results indicate that Syphilis is unlikely. Because anti-treponemal antibodies persist after treated infection, guidelines recommend performing a non-treponemal (RPR) test to determine if the infection is current or past when the Syphilis antibody test result is positive. For follow-up testing on RPR, please submit a serum specimen. The limit of detection (LoD) for DBS Syphilis antibody is 1 titer dilution. A negative Syphilis antibody test result does not exclude the possibility of exposure to *T. pallidum* (Syphilis) at a level below the detection limit of this assay, as sometimes seen in early infection. If there is a possibility of a low level or early infection leading to a false negative antibody test, such as when recent exposure is suspected, consider follow-up testing at least 6 weeks after suspected exposure date.