

Patient name (last-first-middle)			County		Telephone	Date reported
Address			City		ZIP	Date collected
Sex	D.O.B.	Race White Black American Indian/AN <input type="checkbox"/> Asian/PI	Ethnicity Hispanic	Reason for test Prenatal <input type="checkbox"/> Repeat		Specimen Site/ Type

Check block for disease suspected — Indicate positive test results

<input type="checkbox"/> HIV Report only repeatedly positive Elisa results; confirmed by Western Blot or other confirmatory test (<i>specify</i>)	Syphilis		Chlamydia		Gonorrhea		Tuberculosis
	RPR/VDRL	Titer	Elisa	Smear		Smear <input type="checkbox"/> Culture	
	FTA/MHA		F.A.	Elisa	Culture	Result	
	DKFD		Culture	PPNG/Resist, (specify)		Date Reported	

Other positive lab findings			Other disease suspected		
Campylobacter	Salmonella	Hepatitis A IgM			
Neisseria meningitidis	Shigella	HBC Ab-IgM	Test		
Haemophilus influenzae	Giardia	HBs Ag			
Treatment date Type/Amount			Result		
Laboratory—name/address			Physician—name/address		
Lab code			Phone ()		

Positive Laboratory Findings for Reportable Diseases

HEA 3333 (Rev. 8/05) per Ohio Admin. Code 3701-3-02 and 3701-3-12

Form no. 3833.11 (Rev. 1/3/2024)

for LHD use

Patient name (last-first-middle)			County		Telephone	Date reported
Address			City		ZIP	Date collected
Sex	D.O.B.	Race White Black American Indian/AN <input type="checkbox"/> Asian/PI	Ethnicity Hispanic	Reason for test Prenatal <input type="checkbox"/> Repeat		Specimen Site/ Type

Check block for disease suspected — Indicate positive test results

pos

<input type="checkbox"/> HIV Report only repeatedly positive positive Elisa results; confirmed by Western Blot or other confirmatory test (<i>specify</i>)	Syphilis		Chlamydia		Gonorrhea		Tuberculosis
	RPR/VDRL	Titer	Elisa	Smear		Smear <input type="checkbox"/> Culture	
	FTA/MHA		F.A.	Elisa	Culture	Result	
	DKFD		Culture	PPNG/Resist, (specify)		Date Reported	

Other positive lab findings			Other disease suspected		
Campylobacter	Salmonella	Hepatitis A IgM			
Neisseria meningitidis	Shigella	HBc Ab-IgM	Test		
Haemophilus influenzae	Giardia	HBs Ag			
Treatment date Type/Amount			Result		
Laboratory—name/address			Physician—name/address		
Lab code			Phone ()		

Positive Laboratory Findings for Reportable Diseases

Form no. 3833.11 (Rev. 1/3/2024)

HEA 3333 (Rev. 8/05) per Ohio Admin. Code 3701-3-02 and 3701-3-12

for ODH use

Patient name (last-first-middle)			County		Telephone	Date reported
Address			City		ZIP	Date collected
Sex	D.O.B.	Race White Black American Indian/AN <input type="checkbox"/> Asian/PI	Ethnicity Hispanic	Reason for test Prenatal <input type="checkbox"/> Repeat		Specimen Site/ Type

Check block for disease suspected — Indicate positive test results

pos

<input type="checkbox"/> HIV Report only repeatedly positive Elisa results; confirmed by Western Blot or other confirmatory test (specify)	Syphilis		Chlamydia		Gonorrhea		Tuberculosis
	RPR/VDRL	Titer	Elisa	Smear		Smear <input type="checkbox"/> Culture	
	FTA/MHA		F.A.	Elisa	Culture	Result	
	DKFD		Culture	PPNG/Resist, (specify)		Date Reported	
Other positive lab findings Campylobacter Salmonella Hepatitis A IgM Neisseria meningitidis Shigella HBC Ab-IgM Haemophilus influenzae Giardia HBs Ag			Other disease suspected				
			Test				
			Result				
Treatment date			Type/Amount				
Laboratory—name/address				Physician—name/address			
Lab code				Phone ()			

Positive Laboratory Findings for Reportable Diseases

HEA 3333 (Rev. 8/05) per Ohio Admin. Code 3701-3-02 and 3701-3-12

Form no. 3833.11 (Rev. 1/3/2024)

Physician Copy

Patient name (last-first-middle)			County		Telephone	Date reported
Address			City		ZIP	Date collected
Sex	D.O.B.	Race White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/AN <input type="checkbox"/> Asian/PI <input type="checkbox"/>	Ethnicity Hispanic <input type="checkbox"/>	Reason for test Prenatal <input type="checkbox"/> Repeat <input type="checkbox"/>		Specimen Site/ Type

Check block for disease suspected — Indicate positive test results

pos

<input type="checkbox"/> HIV Report only repeatedly positive Elisa results; confirmed by Western Blot or other confirmatory test (specify)	Syphilis		Chlamydia		Gonorrhea		Tuberculosis
	RPR/VDRL	Titer	Elisa	Smear		Smear <input type="checkbox"/> Culture	
	FTA/MHA		F.A.	Elisa	Culture	Result	
	DKFD		Culture	PPNG/Resist, (specify)		Date Reported	

Other positive lab findings			Other disease suspected		
Campylobacter	Salmonella	Hepatitis A IgM			
Neisseria meningitidis	Shigella	HBC Ab-IgM	Test		
Haemophilus influenzae	Giardia	HBs Ag -			
Treatment date Type/Amount			Result		
Laboratory—name/address			Physician—name/address		
Lab code			Phone ()		

Positive Laboratory Findings for Reportable Diseases

HEA 3333 (Rev. 8/05) per Ohio Admin. Code 3701-3-02 and 3701-3-12

Form no. 3833.11 (Rev. 1/3/2024)
for Lab use