

SEATTLE-KING COUNTY  
PUBLIC HEALTH LABORATORY  
325 9TH AVENUE, BOX 359973  
Seattle, Washington 98104  
(206) 744-8950

SPECIMEN REPORT

PRINTED: 5/18/2009

SUBMITTER 5730

PATIENT

HMC-STD  
HARBORVIEW MEDICAL CENTER  
325 9TH AVE, GROUND E. BOX 359777  
SEATTLE WA 98104

RASBERRY, LANE  
P O BOX 45303  
SEATTLE WA 98145

DOB: 3/15/1980  
AGE: 29 YR GENDER: M  
RACE: W  
MED REC # 0X-079356  
PHONE:

PHONE: 744 3590

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SPECIMEN  
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LAB NO: 0907537

COLLECTED: 5/13/2009

RECEIVED: 5/14/2009

REPORTED: 5/18/2009

TIME:

MATERIAL/SOURCE: BLOOD/SERUM  
REASON:

\*\*\* FINAL REPORT \*\*\*

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TESTS REQUESTED

RESULTS

HIV-1 ANTIBODY EIA

NEGATIVE

Date Tested: 5/15/2009

Date Reported: 5/18/2009

RPR QUALITATIVE

NONREACTIVE

Date Tested: 5/15/2009

Date Reported: 5/18/2009

HEPATITIS A ANTIBODY TOTAL

POSITIVE

Date Tested: 5/15/2009

Date Reported: 5/18/2009

HEPATITIS B SURFACE ANTIGEN

NEGATIVE

Date Tested: 5/15/2009

Date Reported: 5/18/2009

HEPATITIS B CORE ANTIBODY

NEGATIVE

Date Tested: 5/15/2009

Date Reported: 5/18/2009

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\*\*\* SPECIMEN REPORT CONTINUED ON PAGE 2 \*\*\*

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SPECIMEN REPORT - PAGE 2

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SPECIMEN  
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LAB NO: 0907537

COLLECTED: 5/13/2009

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TESTS REQUESTED

RESULTS  
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\*\*\* CONTINUED FROM PAGE 1 \*\*\*

HEPATITIS B SURFACE ANTIBODY

POSITIVE,  
441.6 mIU/mL

Date Tested: 5/15/2009

Date Reported: 5/18/2009  
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PUBLIC HEALTH CLINIC AT HARBORVIEW

Monday-Friday 8 am - 6:30 pm 206-744-3590

Name: \_\_\_\_\_

**RASBERRY, LANE**

MR#: 0X-079356	EC: [REDACTED]	1864724	DOS: 05/13/09
DOB: 03/15/1980	PCP: 04646		PS: INS
SSN:	SITE: U/CX R TH		SX: M
INS:			ETH: NHI
PV:			RAC: W
			Zip: 98145

Fac: ST  
TEN1201 P

**FOR TEST RESULTS**

Return on or after  
 Call on or after **5/20/09**

10:00 am - noon or 2:30 - 4:30 pm  
**206-744-4160**

You will be asked your name and other identifying information.  
This assures that your test results are given to you only.

**NEXT APPOINTMENT**

day: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_

Clinician: *Irene King*

The following tests have been done today:

<input checked="" type="checkbox"/> Gonorrhea <i>RTU</i>	<input checked="" type="checkbox"/> Hepatitis <b>A</b> <b>B</b> <b>C</b>	<i>if Hep A or Hep B are neg</i>
<input checked="" type="checkbox"/> Chlamydia <i>RTU</i>	<input checked="" type="checkbox"/> HIV-1 (AIDS Antibody)	<i>neg</i>
<input checked="" type="checkbox"/> Syphilis	<input type="checkbox"/> Pap Smear	<i>return for vaccine</i>
<input type="checkbox"/> Herpes Culture	<input type="checkbox"/> Urine Culture	
<input checked="" type="checkbox"/> <b>25</b> Herpes Blood	<input type="checkbox"/> Other:	

If your test for syphilis, gonorrhea or chlamydia is positive, we recommend re-testing in 3 months.

PLEASE KEEP THIS CARD

*KNATHV 5/27/09*



In July 2009, we are moving to the  
Ninth & Jefferson Building, 11<sup>th</sup> Floor.  
Please call to confirm our location or visit  
[www.kingcounty.gov/health/std](http://www.kingcounty.gov/health/std)



3078

# AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Public Health is not obligated to honor this request unless all portions are completed.

The undersigned authorizes:

Public Health Site(s)  Outside Agency

STD Clinic at Harborview

To release the records of:

LANE RASBERRY  
Client Name

MAR 15 1980  
Date of Birth

0X - 079356  
Client Phone #

Records will be released to:

LANE RASBERRY  
Person & Institutional Affiliation

Health Record Number

PO Box 45303  
Street Address

SEATTLE WA 98145  
City/Zip

This release covers the following date(s): (if no date given: the last 2 years of data will be released; if a correctional health services request, the last incarceration information will be released). *If Medic One request, also indicate time and location of encounter with Medic One.*

List requested dates here:

For the purpose of:  medical  legal  personal  other:

Unless revoked or as otherwise provided herein, **this authorization expires** \_\_\_\_\_ (insert either applicable date or event). Is the person or organization to which the client's records will be released an employer or financial institution i.e. bank? Yes  No  If yes, this authorization will expire 90 days from date signed (or such earlier date as indicated on the authorization).

**Records Requested:** (Photo identification may be required to verify identity)

- Clinic or Care Coordination Records
- Immunization Records
- Autopsy Report
- Other: STD test RESULTS
- WIC Records
- Medic One (include time & location)
- Billing records

I understand that my records may contain information regarding the testing, diagnosis, and/or treatment of HIV (AIDS virus), positive sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. When checked, this authorization **excludes** release of the following types of information:

- Drug or alcohol abuse diagnosis or treatment
- Confirmed STD test results and/or treatment
- HIV (AIDS) testing/treatment
- Psychiatric care/mental illness

Client/Guardian Signature

L Rasberry  
SELF

Date

MAY 13 2009

Relationship


Interpreter

Date

Marked 5-21-09  
Sy

**Client rights on the second page.**

\*\*\*This is a permanent part of the health record\*\*\*

<b>AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION</b>  <b>Public Health</b> Seattle & King County <small>HEALTHY PEOPLE. HEALTHY COMMUNITIES.</small> <b>STD Clinic at Harborview</b> 325-Ninth Avenue, Box 359777 Seattle, WA 98104		<b>RASBERRY, LANE</b> <span style="float: right;">Fac:ST</span> HR#: 0X-079356 <b>EC</b> 1864724 DOS : 05/13/09 DOB: 03/15/1980 PCP : 04646 PS : INS SSN: SITE: U/CX R TH SX : M INS: ETH : NHI PV : GOLDEN, MATT RAC : W Zip : 98145	
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