



OFFICE OF LABORATORY SERVICES
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Division of STD, HIV and Hepatitis
 Director
 350 Capitol Street, Room 125
 Charleston, WV 25301
 PH: (304)558-2195
 FX: (304) 558-6478

OUTREACH APPROVAL FORM

Complete this side of the Form

FACILITY REQUESTING OUTREACH			
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP	
COUNTY	CONTACT NAME		
PHONE NUMBER	FAX NUMBER		
OUTREACH SITE			
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP	
OUTREACH CONTACT NAME			
PHONE NUMBER	FAX NUMBER		
OUTREACH DATE:			
TARGET POPULATION FOR OUTREACH:			
<input type="checkbox"/> Minority Groups	<input type="checkbox"/> College / University		
<input type="checkbox"/> Women	<input type="checkbox"/> Healthy People 2012		
<input type="checkbox"/> Age 15-19	<input type="checkbox"/> Age 20-25		
<input type="checkbox"/> Age 26-30	<input type="checkbox"/> Age 30+		
<input type="checkbox"/> Other			
TESTS/VACCINE TO BE OFFERED AT OUTREACH:			
<input type="checkbox"/> Syphilis Screen (RPR)			
<input type="checkbox"/> HIV			
<input type="checkbox"/> CT/GC Amplified (NAAT)			
<input type="checkbox"/> HEPATITIS VACCINATION			
Number of people expected to attend :			
Number of people expected to be tested:			
Do you require assistance from DSHH for education/testing at this outreach?			

Division of STD, HIV and Hepatitis USE ONLY	
Reviewed By:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comment:	
Date of Approval:	
Site Notification:	Date:

SUPPLIES REQUIRED	
Blood tubes	
Vaccine	
Orasure collection devices	
Urine collection supplies	

Supplies to be delivered by:	
<input type="checkbox"/> UPS	<input type="checkbox"/> Personnel
Name: _____	

Specimens to be returned to OLS by:	
<input type="checkbox"/> UPS	<input type="checkbox"/> USPS(mail)
<input type="checkbox"/> Personnel	
Name _____	

Unused supplies to be returned to OLS by:	
<input type="checkbox"/> USPS(mail)	<input type="checkbox"/> UPS
<input type="checkbox"/> Personnel	
Name _____	

OLS USE ONLY	
Reviewed By:	
Date Form Received:	
Project Number Assigned to Outreach:	
Date Confirmation sent to DSHH Director:	

NOTES:



Fax form to 1-304-558-6478
 Division of STD, HIV and Hepatitis
 Attention: Division Director