



**OFFICE OF LABORATORY SERVICES**  
 Andrea M. Labik, Sc.D. / Director  
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 South Charleston, WV 25303  
 PH: (304) 558-3530

**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**

<b>FACILITY REQUESTING OUTREACH</b>			
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP	
COUNTY	CONTACT NAME		
PHONE NUMBER	FAX NUMBER		
<b>OUTREACH SITE</b>			
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP	
OUTREACH CONTACT NAME			
PHONE NUMBER	FAX NUMBER		
<b>OUTREACH DATE:</b>			
<b>TARGET POPULATION FOR OUTREACH:</b>			
<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			
<b>TESTS/VACCINE TO BE OFFERED AT OUTREACH:</b>			
<input type="checkbox"/> Syphilis Screen (RPR)			
<input type="checkbox"/> HIV			
<input type="checkbox"/> CT/GC Amplified (NAAT)			
<input type="checkbox"/> HEPATITIS VACCINATION			
<b>Number of people expected to attend :</b>			
<b>Number of people expected to be tested:</b>			
<b>Do you require assistance from DSHH for education/testing at this outreach?</b>			

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

<b>SUPPLIES REQUIRED</b>	
Blood tubes	
Vaccine	
Orasure collection devices	
Urine collection supplies	

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

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

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

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

<b>NOTES:</b>
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**Fax form to 1-304-558-6478**  
 Division of STD, HIV and Hepatitis  
 Attention: Division Director