HEMOGLOBIN ELECTROPHORESIS—WHOLE BLOOD

Lab Use Only	☐ **Acceptance Criteria Not Met** ☐ Inappropriate temperature ☐ Specimen too old ☐ Incomplete labeling/form ☐ Specimen inappropriate/damaged Date: ____/____/_____ Initials:_____

N.C. Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive
Raleigh, NC 27607

Please Give All Information Requested *Attach Printed Label Below*

Patient Information

Last Name				
First Name	MI			
Maiden Name/Surname				
Address/Attention:				
Street Address:			Address 2:	City:
State:	Zip Code:	County Code:	County Name:	Phone Number:
Insurance ID Number: (if applicable) _____			Medicaid Number (if applicable): __ __ __ __ __ __ __ __ __ __	
Medical Record Number:		Date of Birth: ____/____/_____		If Female, Pregnant? ☐ Yes ☐ No ☐ Unknown
Sex: ◯ Male ◯ Transgender M2F ◯ Female ◯ Transgender F2M ◯ Unknown ◯ Transgender Unknown ◯ Ambiguous		Race (mark all that apply): ☐ White ☐ American Indian/ Alaska Native ☐ Black ☐ Asian ☐ Native Hawaiian/ Pacific Isles ☐ Unknown		Ethnicity: ☐ Hispanic or Latino Origin ☐ Non-Hispanic ☐ Unknown
Blood Transfusion Within 4 Months? If yes, record date: ____/____/_____				

Submitter

EIN: _____-_____	Submitter Name:	
Address:	Address 2:	City:
State:	Zip Code:	County Name:
Phone Number:	Email Address:	Fax Number:
Ordering Provider NPI:	Ordering Provider First and Last Name:	

Specimen

Collection Date: ____/____/____ Collection Time: ____:____ 24 Hr Time	Collector's Initials
Specimen source: Whole Blood	Reason for Testing (ICD-10 Dx Code): __ __ __ __ __ __ __
Test ordered: ☐ **Family Study** ☐ **Follow Up Testing**	Laboratory Number: *Do Not Write in this Space*

Other

Is this patient: ☐ Original Patient or ☐ Mother ☐ Sibling ☐ Father ☐ Partner/Spouse of original patient	Original Patient's Name: _____ Date of Birth: ____/____/_____ Original Lab Number: _____

Note: For family study specimen submission, provide the original laboratory number, original name as submitted for newborn screening and date of birth of the infant.