Lab Use Only

☐ **Acceptance Criteria Not Met**
- ☐ Inappropriate temperature
- ☐ Specimen too old
- ☐ Incomplete labeling/form
- ☐ Specimen inappropriate/damaged

Date: ____/____/_____ Initials:_____

HEPATITIS SEROLOGY

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 ☐Female ☐Unknown ☐Ambiguous ☐Transgender M2F ☐Transgender F2M ☐Transgender Unknown		Race (mark all that apply): ☐White ☐Black ☐Asian ☐Unknown ☐American Indian/ Alaska Native ☐Native Hawaiian/ Pacific Isles		Ethnicity: ☐Hispanic or Latino Origin ☐Non-Hispanic ☐Unknown

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 (continued on page 2)

Collection Date: ____/____/_____ Collection Time: 24 Hour ____:____	Collector's Initials
Specimen source: Serum	Reason for Testing (ICD-10 Dx Code): __ __ __ __ __ __ __
Risk Factors (check all that apply) ☐ Used drugs not as prescribed in last 6 months ☐ Ever used drugs not as prescribed ☐ Incarceration in last 6 months (if yes, _____ months) ☐ History of incarceration prior to last 6 months ☐ History of homelessness ☐ Sexual contact with person who uses drugs ☐ Anal sex following anal drug use ☐ PReP patient	Laboratory Number: *Do Not Write in this Space* **Reason for Hepatitis A Testing** *must choose panel on back sheet* ☐Symptomatic with or without an epidemiologic link to a known HAV case ☐Confirmation of suspected case, with previous HAV positive result ☐Outbreak situation *(prior approval required)**
Vaccination Status: HepA: ☐Yes ☐No ☐Unknown ☐Incomplete HepB: ☐Yes ☐No ☐Unknown ☐Incomplete	

INSTRUCTIONS: Please check one panel (denoted by primary population). Hepatitis testing will reflect the panel markers indicated in the chart below. Make sure to print double sided or staple the two pages to prevent test ordering from separating from patient demographics.

HEPATITIS TESTING PANELS AND CORRESPONDING MARKERS

ORDER ONE	PANEL/POPULATION	MARKER				
		HBsAg[1]	anti-HBs[2]	anti-HBc[3]	anti-HBcIgM[4]	anti-HAVIgM[5]
☐	HBV Screen	X	X	X		
☐	Hepatitis Symptomatic	X	X	X	X	X
☐	HAV Outbreak or Confirmation					X

[1]HBsAg Hepatitis B Surface Antigen
[2]anti-HBs Hepatitis B Surface Antibody
[3]anti-HBc Hepatitis B Core Antibody
[4]anti-HBcIgM Hepatitis B Core IgM Antibody
[5]anti-HAVIgM Hepatitis A IgM Antibody

Comments:

_____

_____

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**** Prior arrangements are required before submitting specimens for Hepatitis A outbreaks and other situations addressed above. To make arrangements, call (919) 733-3419; indicate on request form that such arrangements were made.***