

# HEPATITIS SEROLOGY

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

Lab Use Only	<input type="checkbox"/> <b>Acceptance Criteria Not Met</b>
	<input type="checkbox"/> Inappropriate temperature
	<input type="checkbox"/> Specimen too old
	<input type="checkbox"/> Incomplete labeling/form
	<input type="checkbox"/> Specimen inappropriate/damaged
Date: ____/____/____ Initials: _____	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Transgender M2F <input type="checkbox"/> Female <input type="checkbox"/> Transgender F2M <input type="checkbox"/> Unknown <input type="checkbox"/> Transgender Unknown <input type="checkbox"/> Ambiguous	Race (mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian/ <input type="checkbox"/> Black Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ <input type="checkbox"/> Unknown Pacific Isles		Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> 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): _____		
	<b>Risk Factors (check all that apply)</b> <input type="checkbox"/> Used drugs not as prescribed in last 6 months <input type="checkbox"/> Ever used drugs not as prescribed <input type="checkbox"/> Incarceration in last 6 months (if yes, _____ months) <input type="checkbox"/> History of incarceration prior to last 6 months <input type="checkbox"/> History of homelessness <input type="checkbox"/> Sexual contact with person who uses drugs <input type="checkbox"/> Anal sex following anal drug use <input type="checkbox"/> PReP patient		Laboratory Number:		
	Vaccination Status: HepA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Incomplete HepB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Incomplete		Do Not Write in this Space		
			<b>Reason for Hepatitis A Testing</b> <i>must choose panel on back sheet</i> <input type="checkbox"/> Symptomatic with or without an epidemiologic link to a known HAV case <input type="checkbox"/> Confirmation of suspected case, with previous HAV positive result <input type="checkbox"/> Outbreak situation (prior approval required)*		

**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 <sup>1</sup>	anti-HBs <sup>2</sup>	anti-HBc <sup>3</sup>	anti-HBcIgM <sup>4</sup>	anti-HAVIgM <sup>5</sup>
<input type="checkbox"/>	HBV Screen	X	X	X		
<input type="checkbox"/>	Hepatitis Symptomatic	X	X	X	X	X
<input type="checkbox"/>	HAV Outbreak or Confirmation					X

- <sup>1</sup>HBsAg            Hepatitis B Surface Antigen
- <sup>2</sup>anti-HBs        Hepatitis B Surface Antibody
- <sup>3</sup>anti-HBc        Hepatitis B Core Antibody
- <sup>4</sup>anti-HBcIgM    Hepatitis B Core IgM Antibody
- <sup>5</sup>anti-HAVIgM    Hepatitis A IgM Antibody

Comments:

---



---



---



---

**\* 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.**