OFFICE OF LABORATORY SERVICES
167 11th Avenue | South Charleston, WV 25303
PH: (304) 558-3530 | FX: (304) 558-2006 or 6210

OLS USE ONLY
[place barcode label HERE]

DIAGNOSTIC IMMUNOLOGY LABORATORY HEPATITIS SPECIMEN SUBMISSION FORM

USE ONE FORM PER SPECIMEN

PATIENT INFORMATION

PATIENT ID (Chart #, MRN, etc.) [*optional*]		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (last 4 digits only)	
COUNTY OF RESIDENCE	SEX (at birth) ❑ Female ❑ Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO. (include area code)		
RACE ❑ White ❑ Asian ❑ Black ❑ Other ❑ American Indian/Alaskan ❑ Native Hawaiian or other Pacific Islander	ETHNICITY ❑ Not Hispanic or Latino ❑ Hispanic or Latino ❑Unknown	
PATIENT TYPE: ❑ Employee ❑ Patient ❑ Investigation		

SUBMITTER INFORMATION

FACILITY NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO:		
PHONE NO. (include area code)		
FAX NO. (include area code)		

COMMENTS:

OLS USE ONLY	ACC:
❑ UNSAT	DE:
Reason/ID:	CKD:

DATE OF COLLECTION:

PROGRAM / CLINIC TYPE: (Select ONE Only)

❑ Hepatitis A IgM (no charge testing)*	❑ Fee for Service Testing
❑ Hepatitis B (no charge testing)	❑ Investigation
❑ Hepatitis C (no charge testing)	❑ Project HRP
❑ Project # ____	

** no charge testing requires PRIOR approval*

TEST REQUESTED: (Select ONE Only)

❑ Hepatitis A IgM	❑ Hepatitis B Screen
❑ Hepatitis B Post-Vaccine (HBsAb)	❑ Hepatitis C Antibody

SOURCE OF SPECIMEN:

☑ Blood / Serum

HEPATITIS B INFORMATION - RISK FACTORS

For Hepatitis B - NO CHARGE TESTING: patient must have at least one of the risk factors marked to be eligible.
Mark any additional Hepatitis B risk factors that apply to the patient. All risk factors must have occurred within the last 12 months.

❑ Body piercing (non-commercial)	❑ Multiple partners
❑ Tattoo (non-commercial)	❑ Healthcare worker
❑ Needle stick / blood splash	❑ Current non-IV drug user
❑ Currently injecting drugs	❑ Blood transfusions
❑ Pregnant (due date _____________)	❑ Hemodialysis
❑ History of incarceration	❑ Sexual contact
❑ Symptoms / Diagnosis of STD	❑ Household contact

HEPATITIS C INFORMATION - RISK FACTORS

For Hepatitis C – NO CHARGE TESTING: patient must have at least one of the risk factors marked to be eligible.
Mark any additional Hepatitis C risk factors that apply to the patient. All risk factors must have occurred within the last 12 months.

❑ Contact with POSITIVE+ Hepatitis C patient	
❑ Current non-IV drug user	❑ Current IV drug user
❑ Tattoo (non-commercial)	❑ Blood transfusion
❑ Body Piercing (non-commercial)	❑ Healthcare worker
❑ Needle stick / blood splash	❑ Hemodialysis
❑ Pregnant (due date _____________)	❑ Sexual contact
❑ Symptoms / Diagnosis of STD	❑ History of incarceration

NOTE: Risk factors for no charge testing must be marked on the form at the time the specimen is received.

Failure to fill out this form correctly will lead to your facility being charged for the Hepatitis testing.
Please refer to the Hepatitis B and C Program Protocol for more information.