### Hepatitis Serology

**Test Panel(s) Requested:**

- **Hepatitis B Virus (HBV) Screen**
  - Reason for testing (Must check all that apply to your patient):
    - Prenatal patient
      - Estimated Date of Confinement (EDC) __/__/____
    - Refugee
    - Sexual or needle-sharing contact of known infected person
    - Household contact of chronic HBV carrier (or acute cases) who is at high risk of HBV exposure and who is a candidate for HBV vaccine
    - Other, explain (prior approval required)*
      - __________________________________________________
    - Source patient from whom exposure occurred

- **Hepatitis B Virus (HBV) Monitor**
  - Reason for testing (Must check all that apply to your patient):
    - Follow-up of infant (12-15 months old) born to infected mother
    - Follow-up of person with previous positive test for HBsAg or history of Hepatitis B infection
    - Previously vaccinated health department employee with percutaneous exposure to Hepatitis B

- **Hepatitis Diagnostic**
  - Reason for testing (Must check all that apply to your patient):
    - Hepatitis B Virus (HBV)
      - Symptomatic (recent or current)
    - Hepatitis A Virus (HAV)
      - Symptomatic without an epidemiologic link to another case known to be infected with Hepatitis A
      - Confirmation of suspected cases, whether or not epidemiologically-linked, if: (please indicate)
        - foodhandler
        - health care worker
        - daycare attendee
        - daycare worker
        - at risk for other causes of liver disease (i.e., reports IV drug use, alcohol abuse, other)

- **Hepatitis A Virus (HAV) Outbreak**
  - Reason for testing (Must check all that apply to your patient):
    - Outbreak situation (Must check all that apply to your patient)*
    - Other, explain (prior approval required)*
      - __________________________________________________

**For Laboratory Use Only**

- Unsatisfactory Specimen:
  - No name on specimen
  - Name on specimen/form do not match
  - Specimen broken/leaked
  - No specimen received

*SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION*
INSTRUCTIONS

PURPOSE: Submission of specimens for Hepatitis B and Hepatitis A testing.

PREPARATION: Submit at least 2 mL of serum in a plastic screw-capped vial. Clearly label each specimen with the patient’s first and last name, and either date of birth, patient number or other unique identifier. Specimens without names or incorrectly labeled specimens will be deemed unsatisfactory for testing. For additional information, see “SCOPE, A Guide to Services” on our website at http://slph.ncpublichealth.com or contact the Virology/Serology Unit at (919) 733-7544.

PREPARATION OF FORM: Please print legibly or use a preprinted label. To avoid delays in testing, fill out all items in Sections 1 through 8 of the submission form. The information in Section 8 will be used to determine which hepatitis markers will be tested and the eligibility of the specimen for testing (see “HEPATITIS TESTING PANELS AND CORRESPONDING MARKERS” below). Prior arrangements are required before submitting specimens for Hepatitis A outbreaks and other situations addressed in Section 8. To make arrangements, call (919) 733-7544; indicate on request form that such arrangements were made.

SHIPMENT: Send properly identified specimen and completed submission form to the Laboratory as soon as possible. Additional serum transport tubes and buff-label specimen mailers for Hepatitis Serology are available through the NCSLPH online supply ordering system on our website at http://slph.ncpublichealth.com.

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.

HEPATITIS TESTING PANELS AND CORRESPONDING MARKERS

<table>
<thead>
<tr>
<th>PANEL</th>
<th>POPULATION</th>
<th>MARKER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HBsAg¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IgM</td>
</tr>
<tr>
<td>Hepatitis B Diagnostic</td>
<td>Symptomatic</td>
<td>X</td>
</tr>
<tr>
<td>Hepatitis B Screen</td>
<td>Prenatal</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Refugee</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Sexual or needle sharing contact of known infected person OR</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Household contact of chronic HBV carrier or acute cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Source patient from whom exposure occurred</td>
<td>X</td>
</tr>
<tr>
<td>Hepatitis B Monitor</td>
<td>Follow-up of infant (12-15 months) born to infected mother</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Follow-up of person with previous positive test for HBsAg or history of</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>HBV infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Previously vaccinated health department employee with percutaneous exposure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to HBV</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A Outbreak</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹HBsAG Hepatitis B Surface Antigen (Australia Antigen)
²Anti-HBc IgM Antibody to Hepatitis B Core Antigen
³Anti-HBs Antibody to Hepatitis B Surface Antigen
⁴Anti-HBc Antibody to Hepatitis B Core Antigen
⁵Anti-HAV IgM Antibody to Hepatitis A Virus