

RUBELLA SEROLOGY

N.C. Department of Health and Human Services
 State Laboratory of Public Health
 4312 District Drive • P.O. Box 28047
 Raleigh, NC 27611-8047

Lab Use Only

Acceptance Criteria Not Met

Inappropriate temperature

Specimen too old

Incomplete labeling/form

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:	
	SSN: _____		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 <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Isles		Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
	Clinic/Program Type: <input type="checkbox"/> Prenatal <input type="checkbox"/> Family Planning <input type="checkbox"/> Other (specify): _____					
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: ___:___	Collector's Initials:			
	Specimen source: Serum		Reason for Testing (ICD-10 Dx Code):			
	Test ordered: Rubella IgG Antibody		Laboratory Number: <i>Do Not Write in this Space</i>			