

# HEPATITIS 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

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
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: _____ / _____ / _____		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:  <p style="text-align: center;"><i>Do Not Write in this Space</i></p>		
	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		<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 ( <i>prior approval required</i> )*		

**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-HBcIgM <sup>2</sup>	Anti-HBs <sup>3</sup>	Anti-HBc <sup>4</sup>	Anti-HAVIgM <sup>5</sup>
<input type="checkbox"/>	HBV Prenatal; Refugee<18; Contact; Other (not listed) reason for testing	X	X if HBsAg (+)			
<input type="checkbox"/>	Hepatitis Symptomatic	X	X			X
<input type="checkbox"/>	HBV Risk Based	X	X if HBsAg (+)	X if HBsAg (-)		
<input type="checkbox"/>	HBV Previous Positive	X		X	X	
<input type="checkbox"/>	HBV Refugee ≥18 years (absent overseas documentation); Previous Positive, Acute	X	X if HBsAg (+)	X	X	
<input type="checkbox"/>	HBV Infant Follow-up	X		X		
<input type="checkbox"/>	HBV Infant Follow-up + Refugee<18	X	X if HBsAg (+)	X		
<input type="checkbox"/>	HBV Occupational Exposure (vaccinated healthcare worker)			X		
<input type="checkbox"/>	HAV Outbreak or Confirmation					X

<sup>1</sup>HBsAg Hepatitis B Surface Antigen (Australia Antigen)

<sup>2</sup>Anti-HBcIgM IgM Antibody to Hepatitis B Core Antigen

<sup>3</sup>Anti-HBs Antibody to Hepatitis B Surface Antigen

<sup>4</sup>Anti-HBc Antibody to Hepatitis B Core Antigen

<sup>5</sup>Anti-HAVIgM IgM Antibody to Hepatitis A Virus

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.**