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

OLS USE ONLY

DIAGNOSTIC IMMUNOLOGY LABORATORY SPECIMEN SUBMISSION FORM

Project # D16-45 (cardiac)

USE ONE FORM PER SPECIMEN

PATIENT INFORMATION

LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (last 4 digits only)	
COUNTY OF RESIDENCE	SEX ❑ 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 (for Hepatitis Testing only) ☑ **Investigation**		

SUBMITTER INFORMATION

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

COMMENTS:

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❑ UNSAT	DE:
Reason/ID:	CKD:

DATE OF COLLECTION:

PROGRAM TYPE: (select ONE only)
☑ Project ID# D16-45 (cardiac)

TEST REQUESTED: (select ONE only)	
❑ Hepatitis B Screen	❑ HIV
❑ Hepatitis C Antibody	

SOURCE OF SPECIMEN:
☑ **Blood / Serum**

HEPATITIS INFORMATION --- RISK FACTORS (R. F.)	
❑ **BODY PIERCING (NON –COMMERCIAL)**	❑ **MULTIPLE PARTNERS**
❑ **IV DRUG USER**	❑ **TATTOO (NON-COMMERCIAL)**
❑ Blood transfusions	❑ Illicit non-IV drug use
❑ Healthcare worker	❑ Needle stick/blood splash
❑ Hemodialysis	❑ Pregnant (due date _________)
❑ History of incarceration	❑ Sexual contact
❑ Household contact	❑ Symptoms / Diagnosis of STD

HIV INFORMATION (select ALL that apply)	
RISK FACTORS	**HETEROSEXUAL RELATIONS WITH**
❑ Sex with male	❑ IV injection drug user
❑ Sex with female	❑ Bisexual male
❑ Injected non-Rx drugs	❑ Person with hemophilia/clotting disorder
❑ Rec'd Clotting Factor F VIII A	❑ Transfusion recipient WITH documented HIV positive
❑ Rec'd Clotting Factor F IX B	❑ Transplant WITH documented HIV positive
❑ Blood transfusion	❑ Person with AIDS or documented HIV positive
❑ Rec'd transplant or artificial insemination	❑ Unspecified risk
❑ Healthcare worker / lab worker	***PLACE HIV TEST FORM BARCODE LABEL HERE***
❑ Pregnant (due date ____________)	

USE ONE FORM PER SPECIMEN