

DIAGNOSTIC IMMUNOLOGY LABORATORY SPECIMEN SUBMISSION FORM

PATIENT INFORMATION

PATIENT ID (Chart #, etc.) (optional)		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (last 4 digits only)	
COUNTY OF RESIDENCE	SEX (at birth) <input type="checkbox"/> Female <input type="checkbox"/> Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO.		
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander		ETHNICITY <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown
PATIENT TYPE <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Investigation		

SUBMITTER INFORMATION

FACILITY NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO:		
PHONE NO.		
FAX NO.		

COMMENTS:

OLS USE ONLY	ACC:
<input type="checkbox"/> UNSAT	DE:
REASON / ID:	CKD:

TB CLINIC USE ONLY

DATE OF COLLECTION:

PROGRAM TYPE:
 TB Clinic (no charge testing)

TEST REQUESTED:
 Hepatitis B Screen (sAg and cAb)
 Hepatitis C Antibody HIV

SOURCE OF SPECIMEN:
 Blood / Serum

Is patient pregnant? NO YES (due date _____)

HEPATITIS B RISK FACTORS (Mark all that apply)

<input type="checkbox"/> Body piercing (non-commercial)	<input type="checkbox"/> Multiple partners
<input type="checkbox"/> Tattoo (non-commercial)	<input type="checkbox"/> Current IV drug user
<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Current non-IV drug user
<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Needle stick / blood splash
<input type="checkbox"/> History of incarceration	<input type="checkbox"/> Household contact
<input type="checkbox"/> Symptoms / Diagnosis of STD	<input type="checkbox"/> Sexual contact

HEPATITIS C RISK FACTORS (Mark all that apply)

<input type="checkbox"/> Contact to positive Hepatitis C patient	<input type="checkbox"/> Tattoo or body piercing (non-commercial)
<input type="checkbox"/> Current non-IV drug user	<input type="checkbox"/> Current IV drug user
<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Hemodialysis
<input type="checkbox"/> Needle stick / blood splash	<input type="checkbox"/> Sexual contact
<input type="checkbox"/> Symptoms / Diagnosis of STD	<input type="checkbox"/> History of incarceration

HIV INFORMATION (Mark all that apply)

RISK FACTORS	HETEROSEXUAL RELATIONS WITH
<input type="checkbox"/> Sex with male	<input type="checkbox"/> IV injection drug user
<input type="checkbox"/> Sex with female	<input type="checkbox"/> Bisexual male
<input type="checkbox"/> Injected non-Rx drugs	<input type="checkbox"/> Person with hemophilia / clotting disorder
<input type="checkbox"/> Rec'd Clotting Factor F VIII A	<input type="checkbox"/> Transfusion or transplant recipient WITH documented HIV positive status
<input type="checkbox"/> Rec'd Clotting Factor F IX B	<input type="checkbox"/> Person with AIDS or documented HIV positive
<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Unspecified risk
<input type="checkbox"/> Rec'd transplant or artificial insemination	PLACE HIV TEST FORM BARCODE LABEL HERE