West Virginia Department of HEALTH
Office of Laboratory Services
167 11th Avenue | South Charleston, WV 25303
PH: (304) 558-3530 | FX: (304) 558-2006

OLS USE ONLY
[place barcode label HERE]

HEPATITIS DIAGNOSTIC IMMUNOLOGY LABORATORY SPECIMEN SUBMISSION FORM HEPATITIS

USE ONE FORM PER SPECIMEN
Failure to fill out this form correctly will lead to your facility being charged for the Hepatitis testing. Please refer to the Hepatitis B and C Program Protocol for more information.

PATIENT INFORMATION

PATIENT ID (Chart #, MRN, etc.) Max 17 Characters		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (LAST 4 DIGITS ONLY)	
COUNTY OF RESIDENCE	SEX (at Birth) ❒ Female ❒ Male ❒ Not Specified	
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: ❒ Employee ❒ Patient ❒ Investigation		

SUBMITTER INFORMATION

The information below is for the mailing or faxing of test reports. Please make sure the mailing address and fax number are accurate.
OLS should be notified of any changes to this information as soon as possible.

FACILITY NAME		
MAILING ADDDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO		
PHONE NO. (INCLUDE AREA CODE)		
FAX NO. (INCLUDE AREA CODE)		

Provider and /or OLS Notes:

OLS USE ONLY ❒ UNSAT REASON/ID:	**ACC:** **DE:** **CKD:**

Rev. 01/2024

DATE OF COLLECTION:

PROGRAM/CLINIC TYPE (SELECT ONE ONLY)	
❒ HEPATITIS A IgM (OUTBREAK ONLY) *	❒ FEE FOR SERVICE TESTING
❒ HEPATITIS B (NO CHARGE TESTING)	❒ INVESTIGATION
❒ HEPATITIS C (NO CHARGE TESTING)	❒ PROJECT HRP
❒ CORRECTIONAL FACILITY	❒PROJECT #: _____
	***REQUIRES PRIOR APPROVAL**

TEST REQUESTED (SELECT ONE ONLY)	
❒ HEPATITIS A IgM	❒ HEPATITIS B PANEL
❒ HEPATITIS B POST-VACCINE ONLY	❒ HEPATITIS C PANEL
	❒ HEPATITIS C RNA, FOLLOW-UP ONLY
SOURCE OF SPECIMEN:	
☑ **BLOOD / SERUM**	

IS PATIENT PREGNANT? ❒ N/A ❒ NO ❒ YES: DUE DATE _____

HEPATITIS B INFORMATION: RISK FACTORS

FOR HEPATITIS B- NO CHARGE TESTING: Patient must have at least one of the risk factors marked to be eligible. Mark any additional Hepatitis B risk factors that apply to the patient. All risk factors must have occurred within the last 12 months.

❒ Body piercing (non-commercial)	❒ Multiple Partners
❒ Tattoo (non-commercial)	❒ History of Incarceration
❒ Healthcare Worker	❒ Current non-IV drug user
❒ Needle stick / blood splash	❒ Currently injecting drugs
❒ Blood transfusions	❒ Hemodialysis
❒ Symptoms / Diagnosis of STD	❒ Sexual contact
❒ Household Contact	

HEPATITIS C INFORMATION: RISK FACTORS

FOR HEPATITIS C- NO CHARGE TESTING: Patient must have at least one of the risk factors marked to be eligible. Mark any additional Hepatitis C risk factors that apply to the patient. All risk factors must have occurred within the last 12 months.

❒ Contact with POSITIVE+ Hepatitis C patient	
❒ Body piercing (non-commercial)	❒ Multiple Partners
❒ Tattoo (non-commercial)	❒ History of Incarceration
❒ Healthcare Worker	❒ Current non-IV drug user
❒ Needle stick / blood splash	❒ Currently injecting drugs
❒ Blood transfusions	❒ Hemodialysis
❒ Symptoms / Diagnosis of STD	❒ Sexual contact
❒ Household Contact	

NOTE: RISK FACTORS FOR NO CHARGE TESTING MUST BE MARKED ON THE FORM AT THE TIME THE SPECIMEN IS RECEIVED FOR EACH REQUESTED TEST.