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]

**TB CLINIC FORM ONLY** | **DIAGNOSTIC IMMUNOLOGY LABORATORY SPECIMEN SUBMISSION FORM** | **TB CLINIC FORM ONLY**

**USE ONE FORM PER SPECIMEN**

## 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:** |

## DATE OF COLLECTION:

| PROGRAM/CLINIC TYPE (SELECT ONE ONLY) | | |
|---|---|---|
| ☑ TB CLINIC (NO CHARGE TESTING) | | |
| **TEST REQUESTED (SELECT ONE ONLY)** | | |
| ☑ HEPATITIS B PANEL | ☑ HEPATITIS C PANEL | ☑ HIV PANEL |
| **SOURCE OF SPECIMEN:** | | |
| ☑ **BLOOD / SERUM** | | |

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

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

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

| RISK FACTOR INFORMATION (SELECT ALL THAT APPLY) | |
|---|---|
| **PATIENT RISK FACTORS** | **PARTNER RISK FACTORS** |
| ❒ Sex with female | ❒ Bisexual female |
| ❒ Sex with male | ❒ Bisexual male |
| ❒ Injected non-RX drugs | ❒ IV injection drug user |
| ❒ Rec'd clotting Factor F VII A and/or F IX B | ❒ Person with AIDS or documented HIV+ |
| ❒ Received transplant or artificial insemination | ❒ Transfusion recipient WITH documented HIV+ and/or transplant WITH documented HIV+ |
| ❒ Blood transfusion | ❒ Person with hemophilia/clotting disorder |
| ❒ Healthcare worker and/or laboratory worker | **PLACE HIV TEST FORM BARCODE LABEL HERE** |
| ❒ Unspecified Risk(s) | |