



LAB NO.	DATE/TIME REC'D
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STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin, III
Governor

Martha Walker
Secretary

SEROLOGY LABORATORY
Hepatitis Requisition Form

Patient Name: _____		<input type="checkbox"/> Employee	<input type="checkbox"/> Indigent	<input type="checkbox"/> Patient
Address: _____ _____		Reason for request <input type="checkbox"/> Contact Investigation <input type="checkbox"/> Employment Requirement <input type="checkbox"/> Hepatitis B Series Titer <input type="checkbox"/> See Risk Group <input type="checkbox"/> Other _____		
If patient is pregnant, indicate number of weeks: _____		Date of Birth: / /	Sex: _____	Date of Collection: / /
RACE	ETHNICITY	RISK GROUPS (Check as many as apply).		SPECIMEN UNSATISFACTORY
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Hispanic Non Latino <input type="checkbox"/> Non - Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Previous diagnosed positive <input type="checkbox"/> Injecting drug user with current or prior history <input type="checkbox"/> Hemophiliac <input type="checkbox"/> Needle stick/blood splash <input type="checkbox"/> Prostitute <input type="checkbox"/> Multiple transfusion > 5 units <input type="checkbox"/> Household contact Sexual Contact with <input type="checkbox"/> Injecting drug user <input type="checkbox"/> Known infected person <input type="checkbox"/> Homosexual/bisexual <input type="checkbox"/> Multiple partners <input type="checkbox"/> Other _____		FOR THE FOLLOWING REASONS: <input type="checkbox"/> Insufficient volume <input type="checkbox"/> Hemolyzed <input type="checkbox"/> Lipemic <input type="checkbox"/> Broken <input type="checkbox"/> No name on tube <input type="checkbox"/> Other
TESTS REQUESTED				
<input type="checkbox"/> Hepatitis B virus Screen (includes HBV sAg and cAb)		The viral antigen is sAg, cAb is the most long lasting antibody.		
<input type="checkbox"/> Hepatitis B virus Post Vaccine (HBV anti-sAg)		This is the only antibody present after vaccine.		
<input type="checkbox"/> Hepatitis B virus OCME (HBV sAg only)		Cadaver blood		
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Hepatitis A virus (HAV - IgM)		Acute phase only		
<input type="checkbox"/> Hepatitis C virus (total antibody)		Does not distinguish acute/convalescent stages.		
Facility: _____ Person receiving results: _____ Address: _____ _____ Phone Number: () - - FAX: () - -				

LABORATORY USE ONLY