

SO# _____

Hepatitis B Specimen Submission Form

Enclose this form when sending hepatitis B specimens to the MDH Public Health Laboratory (PHL) as requested by MDH hepatitis surveillance staff. Specimens will be requested for confirmed acute hepatitis B cases.

Patient# _____

Place patient sticker here	Date of Visit: ___/___/___
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Patient Name: (LAST)	(FIRST)
Patient Address:	City: Zip:
Patient Phone:	
Patient DOB or Age:	Patient SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
If patient < 18 years of age please complete the following information:	
Parent/Guardian Name:	Work phone: Cell phone:

Laboratory Name: Phone: Address: City: Ordering Provider Name: Clinic name and/or Phone:

<p>Specimen Information:</p> <p>Collection Date: ___/___/___</p> <p>Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> Other (specify) _____</p> <p>Hepatitis B Serology:</p> <p>HBsAg: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Waiting for results <input type="checkbox"/> Not done <input type="checkbox"/> Unknown</p> <p>anti-HBs: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Waiting for results <input type="checkbox"/> Not done <input type="checkbox"/> Unknown</p> <p>Total anti-HBc: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Waiting for results <input type="checkbox"/> Not done <input type="checkbox"/> Unknown</p> <p>IgM anti-HBc: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Waiting for results <input type="checkbox"/> Not done <input type="checkbox"/> Unknown</p> <p>HBeAg: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Waiting for results <input type="checkbox"/> Not done <input type="checkbox"/> Unknown</p> <p>anti-HBe: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Waiting for results <input type="checkbox"/> Not done <input type="checkbox"/> Unknown</p> <p>HBV PCR Qualitative: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Waiting for results <input type="checkbox"/> Not done <input type="checkbox"/> Unknown</p> <p>HBV PCR Quantitative: Value: _____ Units: _____</p>
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This form must accompany hepatitis specimens sent to the MDH-PHL.

