Lab Form 212
Revised 9/2016

"This form, when filled in, contains patient information that must be protected in accordance with the Health Insurance Portability & Accountability Act."

KY Division of Laboratory Services
100 Sower Blvd., North Loading Dock,
P.O. Box 2020
Frankfort, Kentucky 40602-2020
Phone: 502/564-4446 Fax: 502/564-7019
Jeremy Hart, MD, FCAP, Director

Kentucky Public Health
Prevent. Promote. Protect.

Prenatal Profile

Use this form for complete profile only, see Lab Form 213 for individual tests.

Please submit a completed Prenatal Profile Form and one full 6 mL red stoppered tube per patient.

Patient Information (Please use L label or fill in completely):

Patient Name (Last, First, MI)

Patient I.D. # Sex Race Age DOB

Home Address

City State Zip County

Submitter Name Submitter Site Code

Weeks Pregnant Date Collected

Prenatal Profile (Syphilis, HBsAg, Rubella) requires one full 6 mL red-stoppered tube.

Comments:

For Laboratory Use Only