

<p>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</p> <p>Please complete a separate form for each specimen.</p>	<p style="text-align: center;"> <b>Kentucky Public Health</b> <small>Prevent. Promote. Protect.</small></p> <h2 style="text-align: center;">Serodiagnosis</h2>		
<p><b>PATIENT INFORMATION:</b></p> <p>Name (Last, First, MI) _____</p> <p>Social Security # _____ Sex _____ Race _____ Age _____ Birthdate _____</p> <p>Home Address _____</p> <p>City _____ State _____ Zip Code _____ County _____</p> <p>Send Report To: _____</p> <p>Submitter _____</p> <p>Street Address (PO BOX) _____</p> <p>City _____ State _____ Zip Code _____</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">Please Use "L" label or Fill In Completely</p>			
<p><b>Specimen Information:</b></p> <p>Date of Collection _____</p> <p>Specimen Type:    <input type="checkbox"/> Serum    <input type="checkbox"/> Whole Blood    <input type="checkbox"/> CSF    <input type="checkbox"/> Other _____</p>			
<p><b>Purpose of Examination:</b></p> <p><input type="checkbox"/> Diagnostic                      <input type="checkbox"/> Pre-Hepatitis vaccine                      <input type="checkbox"/> Immune Status <input type="checkbox"/> Recheck Specimen              <input type="checkbox"/> Post-Hepatitis vaccine                      <input type="checkbox"/> Prenatal _____ weeks pregnant <input type="checkbox"/> Treatment follow-up              <input type="checkbox"/> Needlestick Injury                      <input type="checkbox"/> Other, specify _____</p>			
<p style="text-align: center;"><b>Routine Examination Requested</b></p> <table border="0" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><p><input type="checkbox"/> <b>Rubella IgG</b></p><p><input type="checkbox"/> <b>Syphilis testing</b></p></td><td style="width: 50%; vertical-align: top;"><p><b>Hepatitis B (See note on reverse side)</b></p><p><input type="checkbox"/> HBsAg (Surface Antigen)</p><p><input type="checkbox"/> anti-HBs (Antibody to HBsAg)</p><p><input type="checkbox"/> anti-HBc (Antibody to HB Core Antigen)</p><p>Special Examinations</p><p><input type="checkbox"/> Other Serology, Specify _____</p></td></tr></table>		<p><input type="checkbox"/> <b>Rubella IgG</b></p> <p><input type="checkbox"/> <b>Syphilis testing</b></p>	<p><b>Hepatitis B (See note on reverse side)</b></p> <p><input type="checkbox"/> HBsAg (Surface Antigen)</p> <p><input type="checkbox"/> anti-HBs (Antibody to HBsAg)</p> <p><input type="checkbox"/> anti-HBc (Antibody to HB Core Antigen)</p> <p>Special Examinations</p> <p><input type="checkbox"/> Other Serology, Specify _____</p>
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<p style="text-align: center;"><b>Laboratory Findings</b></p>			