


<p>KY Division of Laboratory Services 100 Sower Blvd. Suite 204 Frankfort, Kentucky 40601 Phone: 502/564-4446 Fax: 502/564-7019</p>	<p> Kentucky Public Health <small>Prevent. Promote. Protect.</small></p> <h2>Prenatal Profile</h2> <p>Use this form for complete profile only, see Lab Form 213 for individual tests.</p>
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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, Hepatitis C) requires one full 6 mL red-stoppered tube and one Plasma Preparation Tube (PPT).

Comments:

For Laboratory Use Only