Form 213
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
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Jeremy Hart, MD, FCAP, Director

Please complete a separate form for each specimen.

Kentucky Public Health
Prevent. Promote. Protect.

Serodiagnosis

PATIENT INFORMATION:

Name (Last, First, MI) _____

Social Security # _____ Sex _____ Race _____ Age _____ Birthdate _____

Home Address _____

City _____ State _____ Zip Code _____ County _____

Send Report To:

Submitter _____

Street Address (PO BOX) _____

City _____ State _____ Zip Code _____

Please Use "L" label or Fill In Completely

Specimen Information:

Date of Collection _____

Specimen Type: ☐ Serum ☐ Whole Blood ☐ CSF ☐ Other _____

Purpose of Examination:

☐ Diagnostic
☐ Recheck Specimen
☐ Treatment follow-up
☐ Pre-Hepatitis vaccine
☐ Post-Hepatitis vaccine
☐ Needlestick Injury
☐ Immune Status
☐ Prenatal _____ weeks pregnant
☐ Other, specify _____

Routine Examination Requested

☐ **Rubella IgG**

☐ **Syphilis testing**

Hepatitis B (See note on reverse side

☐ HBsAg (Surface Antigen)
☐ anti-HBs (Antibody to HBsAg)
☐ anti-HBc (Antibody to HB Core Antigen)

Special Examinations

☐ Other Serology, Specify _____

Laboratory Findings