Divison of Virology and Immunology-NYC DOHMH
455 First Avenue, New York, NY 10016
TEL (212) 447 2864 FAX (212) 447 2877

Please print clearly: DATE* (MM/DD/YYYY): : ______ *Required information

1. PATIENT INFORMATION

PATIENT LAST NAME*:		PATIENT FIRST NAME*:	
DATE OF BIRTH* (MM/DD/YYYY):	Sex*: ☐ Male ☐ Female ☐ Unknown	PATIENT ID#/MEDICAL RECORD#:	
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:	PHYSICIAN: (if other than submitter)	Pager/Cell:	

2. SUBMITTER INFORMATION

NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY Etc.*:		PROVIDER ID#:	
PRIMARY CONTACT or PHYSICIAN- LAST NAME*:		FIRST NAME*:	
ADDRESS*:			
CITY*:		STATE*:	ZIP*:
TELEPHONE*:	Pager/Cell*:	Fax:	EMAIL:

3. SPECIMEN INFORMATION

DATE OF COLLECTION* (MM/DD/YYYY):	TIME OF COLLECTION* [00:00]: ☐ AM ☐ PM (where applicable)
Reason for submission*	☐ DIAGNOSTIC ☐ CONFIRMATORY ☐ OUTBREAK ☐ DOHMH REQUEST **(if checked complete A & B below)**
A. DOHMH bureau	☐ BCD ☐ BOI ☐ BTBC ☐ BSTD ☐ OTHER (specify): ______ DOHMH EVENT CODE: ______
B. DOHMH contact	Last Name: ______ First Name: ______
Is this submission for referral?*	☐ NO ☐ YES (IF YES CHECK ONE): ☐ NYS ☐ CDC ☐ OTHER (specify) ______
Specimen type*	☐ Blood ☐ Serum ☐ Plasma ☐ Other (specify type): ______
Additional testing information*	Current diagnosis: ______
	Serum status: ☐ Acute ☐ Convalescent ☐ Unknown
	Exposure date (MM/DD/YYYY): ______ Date of symptom onset(MM/DD/YYYY): ______
	Perinatal Hepatitis B Prevention Unit Case#: ______
Additional Comments	

4. TEST(S) REQUESTED*

☐ Hepatitis A Virus IgG (HAV IgG)	☐ Hepatitis C Virus Antibody (Anti-HCV)	☐ Rubella Virus IgG
☐ Hepatitis A Virus IgM (HAV IgM)	☐ Herpes Simplex Virus (HSV 1 & 2 IgG)	☐ Rubella Virus IgM
☐ Hepatitis B Core Virus IgG (HBcAb IgG)	☐ Measles Virus IgG	☐ Varicella-Zoster Virus IgG
☐ Hepatitis B Core Virus IgM (HBcAb IgM)	☐ Measles Virus IgM	☐ Varicella-Zoster Virus IgM
☐ Hepatitis B Surface Virus Antibody (HBsAb)	☐ Mumps Virus IgG	☐ Other (specify): ______
☐ Hepatitis B Surface Virus Antigen (HBsAg)	☐ Mumps Virus IgM	☐ Other (specify): ______

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*Failure to provide the required information or any discrepancy relating to the specimen submitted, may result in an inability to test or a delay in the release of test results.