UTAH DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
PERINATAL HEPATITIS B PREVENTION PROJECT
LABORATORY TESTING FORM

Collection Date_____________       Form Number____________

mm/dd/yy

Testing will not be performed unless form is completely filled out. Blood specimen accompanying this form must be labeled with the patient’s name and form number.

<table>
<thead>
<tr>
<th>TYPE OF PATIENT &amp; SEROLOGICAL TEST</th>
<th>PREGNANT</th>
<th>CONTACT</th>
<th>NEWBORN FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg</td>
<td></td>
<td>HBsAg &amp;</td>
<td>HBsAg &amp;</td>
</tr>
<tr>
<td>Specimen source:</td>
<td></td>
<td>Anti-HBs</td>
<td>Anti-HBs</td>
</tr>
</tbody>
</table>

Patient Name _______________________________________   DOB ____/____/____  Sex_____

Street Address _______________________________________

City, State, Zip ______________________________________

ETHNICITY:

- American Indian
- Alaskan Native
- Asian
- Black
- Hispanic
- Pacific Islander
- White
- Other

If pregnant, Estimated Date of Delivery _____/_____/_____

If contact or newborn, Name of HBsAg + mother________________________________________

INSURANCE STATUS:

- Uninsured
- Underinsured – client cannot afford

PROVIDER INFORMATION

Facility or location where specimen was drawn:

<table>
<thead>
<tr>
<th>FACILITY NAME</th>
<th>STREET ADDRESS</th>
<th>CITY, STATE, ZIP</th>
<th>PHONE</th>
</tr>
</thead>
</table>

Person submitting testing form:

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>FACILITY</th>
<th>PHONE</th>
<th>DATE SUBMITTED</th>
</tr>
</thead>
</table>

COMMENTS, SPECIAL INSTRUCTIONS, OR CLARIFICATION

(Results will be sent to the person submitting the testing form and to the Immunization Program unless specified below.)

_____________________________________________________________________________

Scan completed form and attach PDF to electronic perinatal case record for mother/contact in EpiTrax.

Send original form with specimen to Unified State Laboratories, 4431 South Constitution Blvd., Taylorsville, Utah 84129. Phone 801-965-2400. Unified State Laboratories bills the Utah Department of Health, Immunization Program (801-538-9450) directly for serological testing.

(This form may be downloaded online at www.immunize-utah.org) 2/21/18