

[1] 1. Last Name	First Name	MI
2. Patient Number		
3. Address	4. Date of Birth	
Zip Code	Month	Day
5. Race <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. American Indian <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Native Hawaiian/Pacific Islander <input type="checkbox"/> 6. Unknown		
6. Hispanic or Latino Origin? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown		
7. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	8. Co. of Residence	
9. Medicaid Client <input type="checkbox"/> Yes If yes, enter # <input type="checkbox"/> No		

DO NOT WRITE IN THIS  
SPACE  
LABORATORY NUMBER

N.C. Department of Health and Human Services  
State Laboratory of Public Health  
4312 District Drive • P.O. Box 28047  
Raleigh, NC 27611-8047

PLEASE GIVE ALL  
INFORMATION REQUESTED

## Rubella Serology

<b>Test Requested:</b> <input checked="" type="checkbox"/> Rubella igG Antibody	<b>Specimen Source:</b> <input checked="" type="checkbox"/> Serum
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[2] Federal Tax No.: \_\_\_\_\_  
Send Report To: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

[4] Date Collected \_\_\_\_\_

[5] Clinic Type:  Prenatal  
 Family Planning  
Annual Exam Date \_\_\_\_\_  
 Other \_\_\_\_\_

[3] Ordering Provider Name: \_\_\_\_\_  
Provider NPI:

[6] Site ID No.: \_\_\_\_\_ [7] Dx Code/ICD-10 \_\_\_\_\_

[8] **This Section Must Be Completed**

<b>Reason for Testing:</b> <input type="checkbox"/> Prenatal patient <input type="checkbox"/> Vaccine contraindicated <input type="checkbox"/> Other _____	<b>Referral Specimen Information:</b> <input type="checkbox"/> Previous serum collection date _____ <input type="checkbox"/> Previous rubella test method _____ <input type="checkbox"/> Previous rubella result _____
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### Instructions

**PURPOSE:** Submission of specimens for immune status rubella antibody (IgG)

**PREPARATION:** Submit only serum in a plastic screw-capped vial. Clearly label each specimen with the patient's first and last name, and either date of birth, patient number or other unique identifier. Specimens without names or incorrectly labeled specimens will be deemed unsatisfactory for testing. For additional information, see "SCOPE, A Guide to Services" on our website at <http://slph.ncpublichealth.com> or contact the Virology/Serology Unit at (919) 733-7544.

**PREPARATION OF FORM:** Please print legibly or use a preprinted label. To avoid delays in testing, fill out all items in Sections 1 through 8 of the submission form.

**SHIPMENT:** Send properly identified specimen and completed submission form to the Laboratory as soon as possible. Additional serum transport tubes and blue-label specimen mailers for Special Serology are available through the NCSLPH online supply ordering system on our website at <http://slph.ncpublichealth.com>.

**TESTING SHOULD NOT BE DONE ON PATIENTS WHO HAVE A VERIFIED RECORD OF RUBELLA IMMUNIZATION. (NOTE: RUBELLA VACCINE WAS NOT LICENSED FOR SALE UNTIL JUNE 9, 1969.)**

**DISPOSITION:** This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.

### FOR LABORATORY USE ONLY

**Unsatisfactory Specimen:**

<input type="checkbox"/> No name on specimen	<input type="checkbox"/> Specimen broken/leaked	<input type="checkbox"/> Other _____
<input type="checkbox"/> Name on specimen/form do not match	<input type="checkbox"/> No specimen received	

**Comments:** \_\_\_\_\_