

Last Name		First Name		MI		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	
Patient Number									
Address									
Date of Birth (MM/DD/YYYY)									
Race									
Hispanic or Latino Origin									
Sex									
County of Residence									
Medicaid Client									
Date Specimen Collected									
Blood Transfusion Within 4 Months? Date:									

Screening Test Family Study Follow Up
Original Patient's Name: _____
 Date of Birth: _____
 Original Lab Number: _____
 Is this Patient: Original Patient or
 Mother Father Sibling Partner of Original Patient

Submitter
 Federal Tax No. (EIN): _____
 Name and Address: _____
 Ordering Provider Name: _____
 Provider NPI: _____
 Diagnosis Code (ICD-10): _____

DHHS 1859WB (07/2016)
Laboratory (Review 07/2019)

Cut or tear off along the dotted line to remove instructions before mailing.

Instructions for Whole Blood Specimen Submission

- Complete the DHHS form #1859WB for each specimen collected. Include patient name, patient number, address, birth date, race, sex, Medicaid number, date specimen collected, blood transfusion information, complete name, address and EIN of submitter, and complete name and NPI of the ordering provider.
- For family study specimen submission, provide the original laboratory number, original name as submitted for newborn screening and date of birth of the infant. This information will allow the laboratory personnel to reference and link the family study results to each other. It is **IMPERATIVE** that the forms are filled out completely. Any missing information could result in longer turn-around time or unsatisfactory reports.
- For adult's sample, submit 5–7 ml of well-mixed blood collected in EDTA (lavender top) specimen collection tube.
- For infant or young child's sample, submit 0.5–1 ml of blood collected in EDTA (lavender top) microtainer specimen collection device.
- Properly label with patient's name and date of birth on the specimen tube label. If using an adhesive label, do not cover up the tube expiration date or obscure view of the specimen because the lab personnel must assess specimen integrity before testing.
- Mail the specimen(s) on the same day of collection, if possible. Refrigerate at 2–8 degrees Celsius until specimen can be transported. If the specimen could be subjected to extreme temperatures in transit in summer, place a cold gel pack with the specimen in an insulated box for transport to the NCSLPH.
- For additional information see <http://slph.ncpublichealth.com/clinical-chemistry/Hemoglobinopathies.asp> or call Sick Cell Lab at (919) 807-8615.