

[1] 1. Last Name	First Name	MI
2. Patient Number		
3. Address	4. Date of Birth	
Zip Code	Month	Day Year
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

Syphilis Serology

[2] Federal Tax No.: _____

Send Report To: _____

_____ Zip Code _____

[4] Test Requested:
 RPR (Titer and Confirmatory if Reactive) *Treponema pallidum* confirmatory serology
 Specimen previously tested? RPR/TRUST result _____

[5] Date Collected: _____ Specimen Source:
 Serum

[6] Clinic Type:
 Family Planning STD
 Annual Exam Date _____ Prenatal
 Student Health Services Outreach
 Jail/Detention Centers Other _____

[3] Ordering Provider Name: _____

Provider NPI:

[7] Site ID No.: _____ [8] Dx Code/ICD-10: _____

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

Reason for Testing:
 Routine screening Contact to a known case Premarital, state _____ Other _____
 Prenatal Suspicious lesion Past history of syphilis _____
 Neonatal screening Secondary symptoms/signs Treatment follow-up _____

Instructions

PURPOSE: Submission of specimens for syphilis serology (RPR and confirmatory)

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 9 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 white-label specimen mailers for Syphilis Serology are available through the NCSLPH online supply ordering system on our website at <http://slph.ncpublichealth.com>.

POLICY FOR LABORATORY INITIATED CONFIRMATORY TESTING BASED ON RPR RESULTS: All screening tests performed in our laboratory which are determined to be reactive will be confirmed, unless a previously obtained "positive" confirmatory test result in on file.

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:
 No name on specimen Specimen broken/leaked Other _____
 Name on specimen/form do not match No specimen received

Comments: _____