North Carolina State Laboratory of Public Health
HIS HIV Sample Submission Label Format Specifications
Forms: DHHS 1111, 3707, and T1535

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Version 1.2

This document defines the State Laboratory of Public Health's label format for sample submissions using forms that will be scanned by Teleform software. Currently this applies to forms DHHS 1111 (HIV), and updated forms DHHS 3707 (blood lead), and DHHS T1535 (HIV/HCV).

The label consists of 5 lines of data which must be formatted to print no wider than 3 inches and no higher than $1^5/_{16}$ inches tall. The maximum size of the label is 4 inches by $1^1/_8$ inches. The label must be affixed on the form in the field marked "Attach Printed Label Below". The label must be centered vertically and horizontally within this field.

Font = Courier
Font Style = Regular
Font Size = 12

Example Label Format

```
LAST NAME, ET, RACES                    (line 1)
FIRST NAME, MI, MM/DD/YYYY              (line 2)
MID:999999999A, LOC:9999999            (line 3)
LAB-CO#, 999999999, SS:111223333       (line 4)
P-CO#,P-ST P-ZIP, DOV: MM/DD/YYYY,SEX  (line 5)
```

1. The label must contain 5 lines of text. Labels containing more or less than 5 lines of text may be subject to form rejection.
   a. Do not use bold face. The bold face text in this memo is to highlight the field headings for clarity purposes only.
   b. The character limit for each line is 30. Do not exceed 30 characters per line. Space characters are optional and can be used for readability.
   c. All text must be in uppercase.

2. All comma (,) characters must be present even if data for that field is blank. Commas are used as the field separator. Commas must not be used at the end of each line. If data is missing in a field include the commas as if the data were present. Using the example above – if the MI (middle initial) was not available, line 2 must read FIRST NAME,,MM/DD/YYYY

3. The following fields require a field heading followed by a colon: MID:, LOC:, SS:, and DOV:. These field headings must be present even when the field value is not present, e.g. MID: should always be used even if there is no Medicaid ID.
Each field contained in the Example Label Format is defined below:

 a. LAST NAME: must contain only alpha characters with the exception of the following special characters: '(apostrophe) and - (hyphen). The character limit for LAST NAME is 18. Truncate the LAST NAME if it is longer than 18 characters. LAST NAME must show at the beginning of the LINE 1 and must be followed by a comma (,).

 b. ET: Ethnicity codes are H (Hispanic) and NH (Non-Hispanic). This is shown immediately after the LAST NAME and followed by a comma (,).

 c. RACES: Race codes are W (White), B (Black), A (Asian), AI (American Indian), PI (Pacific Isles) and U (Unknown). Multiple races can be included in this field if they are separated by a space.

 d. FIRST NAME: must contain only alpha characters with the exception of the following special characters: '(apostrophe) and - (hyphen). The character limit for FIRST NAME is 12. Truncate the FIRST NAME if it is longer than 12 characters. FIRST NAME must show at the beginning of LINE TWO and must be followed by a comma (,).

 e. MI: Middle Initial is a single character or blank. If there is no middle initial line 2 must read FIRST NAME,,MM/DD/YYYY. Note that the comma (,) is included to denote the beginning and end of the MI field. MI must be the second field in LINE TWO.

 f. MM/DD/YYYY: Date of Birth is the last field in LINE TWO. Date of Birth does not contain a field heading. Date of Birth must be the last field in LINE TWO.

 g. MID: Medicaid ID is the 9 digit number plus one alpha character. Medicaid ID is the first field in LINE 3. If no Medicaid ID is available include the comma after MID: as if the data were present. Medicaid ID must be preceded with MID:

 h. LOC: Patient ID or Local ID character limit is 16 characters. LOC must be the last field in LINE 3. Patient ID or Local ID must be preceded with LOC:

 i. LAB-CO#: Site Number is the 3 digit unique identifier of the testing site. LAB-CO# must be the first field in LINE 4.

j. 999999999: Submitter EIN/Federal Tax ID is the 9 digit unique identifier used by the lab to identify submitters. If a submitter conducts business in multiple locations using the same EIN/Federal Tax ID the lab will issue the secondary submitting locations a unique suffix. This suffix is an alpha character that distinguishes each submitter using like EIN/Federal Tax IDs. The suffix must follow the Submitter EIN/Federal Tax ID without spaces or commas (e.g. 999999999A). The Submitter EIN/Federal Tax ID must be the second field in LINE 4.

k. SS: Social Security Number is nine characters in length and must not contain hyphens. Social Security Number must be the last field in LINE 4. Social Security Number must be preceded with SS:

l. P-CO#: This is the county of residence for the patient. Use the county code in this field. P-CO# must be the first field in LINE 5.

m. P-ST P-ZIP: State and Zip Code of patient residence. State code is the 2 character state abbreviation. Zip code is five digits and must not include a hyphen with four digit extension. P-ST P-ZIP must not be separated by a comma and must be second filed on LINE FIVE.

n. DOV: Date of Visit is the date the sample was collected. Date of Visit must be the third field in LINE 5. Date of Visit must be preceded with DOV:

o. SEX: Sex/Gender codes are M (Male), F (Female), and U (Unknown). Sex/Gender must be the last field in LINE 5.

Good examples are provided below:

All data provided:

```
SAMPLE, NH, W
PERSON, V, 10/14/1985
MID:999999999A, LOC:9999999
093,562033116A,SS:999999999
092,NC 27601,DOV:05/06/2005,M
```

No middle initial (MI) provided, multiple races:

```
SAMPLE, NH, W B A
PERSON,, 10/14/1985
MID:999999999A, LOC:9999999
093,562033116A,SS:999999999
092,NC 27601,DOV:05/06/2005,M
```

All data provided, no EIN suffix and multiple races:

```
SAMPLE, NH, W B A
PERSON, V, 10/14/1985
MID:999999999A, LOC:9999999
093,562033116,SS:999999999
092,NC 27601,DOV:05/06/2005,M
```

Bad examples are provided below:

Spacing incorrect, commas between race, line 2 fields incorrectly ordered, dash between EIN and suffix, comma at end of line two:

```
RILEY, NH, W, B, A
     10/14/1985 LARRY, V,
 MID:999999999A, LOC:9999999
     093,562016594-A,SS:242257368
     092,NC 27601,DOV:05/06/2005,M
```

Missing colons (:) for MID, LOC, SS, DOV:

```
     SAMPLE, NH, W B A
     PERSON, V, 10/14/1985
     MID,999999999A, LOC,9999999
     093,562033116,SS,999999999
     092,NC 27601,DOV,05/06/2005,M
```

Bold Fonts and commas at end of each line:
```
     SAMPLE, NH, W B A,
     PERSON, V, 10/14/1985,
     MID:999999999A, LOC:9999999,
     093,562033116,SS:999999999 ,
     092,NC 27601,DOV:05/06/2005,M,
```

Incorrect format:
```
PT #:  0000174696   COUNTY: 013
NAME:  SAMPLE, USER
DOB:  12/04/79 RACE: B   SEX: F
SSN:  999999999ETHNICITY:  N
```

Incorrect format:
```
PERSON N/B
SAMPLE T  DOB 9/23/1986
MEDID#    CID:999999999
1074,566000332,SS:999-99-9999
033,                    DOV:1/11/2010, M
```