**Tennessee Department of Health**
**Hepatitis A and B Serum Specimen Submission Form**

**Instructions:** Specimens are to be shipped Monday through Friday, at close of business. A copy of this form must be completed and sent for each specimen.

**Ship to:** Division of Laboratory Services, 630 Hart Lane, Nashville, TN 37216

---

**A. DEMOGRAPHICS OF PATIENT**

Last Name: ___________________________ First: ___________________________ Middle: ___________________________

DOB ____/____/_______ Reported Age: _______ □ Days □ Months □ Years Sex: □ Male □ Female

Street Address: ________________________________________________________________

City: ___________________________ County: ___________________________ State: _________ Zip: _______

Ethnicity: □ Hispanic Race: □ American Indian/Alaska □ Asian □ Black/African American

□ Not Hispanic □ Hawaiian/Pacific Islander □ White □ Other (_______)

---

**B. LAB REPORT**

Submitting Facility: __________________________________ Provider: ___________________________

Street Address: ________________________________________________________________

City: ___________________________ County: ___________________________ State: _________ Zip: _______

Phone Number: ___________________________ Fax Number: ___________________________ Email: ___________________________

<table>
<thead>
<tr>
<th>Specimen 1</th>
<th>Specimen 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Specimen collected:</strong> <strong><strong>/</strong></strong>/____</td>
<td><strong>Date Specimen collected:</strong> <strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td><strong>Specimen source:</strong> ______________________</td>
<td><strong>Specimen source:</strong> ______________________</td>
</tr>
<tr>
<td><strong>State Lab Accession#: (TDH use only)</strong>________</td>
<td><strong>State Lab Accession#: (TDH use only)</strong>________</td>
</tr>
</tbody>
</table>

---

**C. LAB RESULT**

**Hep BcIgM:** Positive □ Negative □ Date: ____/____/____

**Hep BeAg:** Positive □ Negative □ Date: ____/____/____

**Hep BsAg:** Positive □ Negative □ Date: ____/____/____

**Hep DNA:** Positive □ Negative □ Date: ____/____/____

**Hep A IgM:** Positive □ Negative □ Date: ____/____/____

Other (Specify: ___________________________): Positive □ Negative □ Date: ____/____/____

Name of person completing the form: ____________________________________________
Protocol for handling and testing of specimens from hepatitis surveillance activities in the Emerging Infections Program (EIP)

There are two goals for sending specimens associated with acute hepatitis A and B to the State Public Health Laboratory: 1. To describe the molecular epidemiology of the virus in the US and 2. To supply a serum bank for future hepatitis testing.

All cases of Acute Hepatitis A with positive HAV IgM results and Acute Hepatitis B cases with Positive HBsAg and Positive HBV Core IgM must be sent to the State Laboratory for processing to CDC.

Sample Collection:

1. Blood should be collected using aseptic technique. Both serum and EDTA or citrate plasma are acceptable. Heparinized samples cannot be used.

2. Blood should not be subjected to any condition that would bring about hemolysis, such as freezing it or agitating the tube.

3. Serum/plasma should be spun at least 15 minutes at 3300 RPM and separated off of the cells as soon as possible (suggested - within 4 hours).

Instructions for shipping:

a. Complete the attached laboratory form and include a copy of the original lab results.

b. Ship the specimen to the State Lab at the below address. These must be shipped via Federal Express using Category B or higher shipping requirements.

The minimum volume of sera is ≥200 µL but we would prefer a volume of at least 500 µL.

Tennessee Department of Health
Division of Laboratory Services
ATTN: Dr. Brock Neil
630 Hart Lane
Nashville, TN 37216