



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

**ROY COOPER** • Governor

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**BETH LOVETTE, MPH, BSN, RN** • Acting Director, Division of Public Health

**DEE PETTIT, PhD** • Acting Laboratory Director, State Laboratory of Public Health

# Memo

**To:** Local Health Departments, CD Nurses

**From:** Rebecca S. Pelc, Ph.D. Virology/Serology Manager

**CC:** Regional Laboratory Improvement Consultants

**Date:** May 29, 2019

**Re:** NCSLPH LIMS upgrade and new hepatitis form

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Effective June 3, 2019, NCSLPH's Virology/Serology Unit will migrate all syphilis, HIV, and hepatitis (HAV, HBV, HCV) testing from its current LIMS system to the new StarLIMS Version 11 platform. Impact to our submitting laboratories will be minimal. However, as a result of this software upgrade, final report formatting will be slightly different. Although not expected, please be aware that there may be a delay in test results being released during this transition.

As part of this migration and to better serve our customers by streamlining the ordering process, the Hepatitis Serology Form (DHHS #3772), has been revised to more clearly discern the markers ordered within each panel (see example below). It is important to remember that when ordering a panel, only the markers associated with that particular panel will be tested. The Hepatitis Serology Form is now two pages, so please be sure to include both pages of the form (either double sided on one page or two pages stapled together), as there is no patient identifying information on the second page. Old forms will be accepted through July 5, 2019. At that time, samples received on the old form will be held while submitters are contacted to fax the current version of the form.

Please contact the Virology/Serology Unit Manager, Rebecca Pelc (919-807-8868), if you have any questions or concerns regarding these changes. For hepatitis and HIV-specific questions contact the Serology supervisor, Amorie Parker (919-807-8830). For syphilis-specific questions contact the BSTD supervisor, Mark Turner (919-807-8865). For more information about this

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update, and other NCSLPH happenings, the quarterly program update webinar will be held June 27 1-2 pm. Information regarding registration is forthcoming.

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# HEPATITIS SEROLOGY

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

Attach Printed Label Below

Patient Information	Last Name			
	First Name	MI		
	Maiden Name/Surname			
	Address/Attention:			
	Street Address:		Address 2:	City:
	State:	Zip Code:	County Code:	County Name:
	SSN: _____		Medicaid Number (if applicable): _____	
	Medical Record Number:	Date of Birth: _____	If Female, Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Transgender M2F <input type="checkbox"/> Female <input type="checkbox"/> Transgender F2M <input type="checkbox"/> Unknown <input type="checkbox"/> Transgender Unknown <input type="checkbox"/> Ambiguous	Race (mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian/ <input type="checkbox"/> Black <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Isles	Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Submitter	EIN: _____		Submitter Name: _____	
	Address:		Address 2:	City:
	State:		Zip Code:	County Name:
	Phone Number:		Email Address:	Fax Number:
	Ordering Provider NPI:		Ordering Provider First and Last Name:	
Specimen (continued on page 2)	Collection Date: _____		Collector's Initials	
	Specimen source: Serum		Reason for Testing (ICD-10 Dx Code): _____	
	<b>Risk Factors (check all that apply)</b> <input type="checkbox"/> Used drugs not as prescribed in last 6 months <input type="checkbox"/> Ever used drugs not as prescribed <input type="checkbox"/> Incarceration in last 6 months (if yes, _____ months) <input type="checkbox"/> History of incarceration prior to last 6 months <input type="checkbox"/> History of homelessness <input type="checkbox"/> Sexual contact with person who uses drugs <input type="checkbox"/> Sex following anal drug use <input type="checkbox"/> PReP patient		Laboratory Number: _____  <i style="text-align: center;">Do Not Write in this Space</i>	
	Vaccination Status: HepA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Incomplete HepB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Incomplete		<b>Reason for Hepatitis A Testing</b> <i>must choose panel on back sheet</i> <input type="checkbox"/> Symptomatic with or without an epidemiologic link to a known HAV case <input type="checkbox"/> Confirmation of suspected case, with previous HAV positive result <input type="checkbox"/> Outbreak situation (prior approval required)*	

**INSTRUCTIONS:** Please check one panel (denoted by primary population). Hepatitis testing will reflect the panel markers indicated in the chart below. Make sure to print double sided or staple the two pages to prevent test ordering from separating from patient demographics.

**HEPATITIS TESTING PANELS AND CORRESPONDING MARKERS**

ORDER ONE	PANEL/POPULATION	MARKER				
		HBsAg <sup>1</sup>	Anti-HBcIgM <sup>2</sup>	Anti-HBs <sup>3</sup>	Anti-HBc <sup>4</sup>	Anti-HAVIgM <sup>5</sup>
<input type="checkbox"/>	HBV Prenatal; Refugee<18; Contact; Other (not listed) reason for testing	X	X if HBsAg (+)			
<input type="checkbox"/>	Hepatitis Symptomatic	X	X			X
<input type="checkbox"/>	HBV Risk Based	X	X if HBsAg (+)	X if HBsAg (-)		
<input type="checkbox"/>	HBV Previous Positive	X		X	X	
<input type="checkbox"/>	HBV Refugee ≥18 years (absent overseas documentation); Previous Positive, Acute	X	X if HBsAg (+)	X	X	
<input type="checkbox"/>	HBV Infant Follow-up	X		X		
<input type="checkbox"/>	HBV Infant Follow-up + Refugee<18	X	X if HBsAg (+)	X		
<input type="checkbox"/>	HBV Occupational Exposure (vaccinated healthcare worker)			X		
<input type="checkbox"/>	HAV Outbreak or Confirmation					X

<sup>1</sup>HBsAg Hepatitis B Surface Antigen (Australia Antigen)

<sup>2</sup>Anti-HBcIgM IgM Antibody to Hepatitis B Core Antigen

<sup>3</sup>Anti-HBs Antibody to Hepatitis B Surface Antigen

<sup>4</sup>Anti-HBc Antibody to Hepatitis B Core Antigen

<sup>5</sup>Anti-HAVIgM IgM Antibody to Hepatitis A Virus

Comments:

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**\* Prior arrangements are required before submitting specimens for Hepatitis A outbreaks and other situations addressed above. To make arrangements, call (919) 733-3419; indicate on request form that such arrangements were made.**

**EXAMPLE**