

# Antibody Serology Test Request and Documentation

## Patient Information

Patient Name:

Date of Birth:

Gender:

Medical Record Number (if applicable):

Contact Information:

## Clinical History

Reason for Test:

Symptoms (if present):

Exposure History:

## Test Details

Type of Antibody Serology Test:

Date and Time of Sample Collection:

Sample Source (e.g., blood draw, fingerstick):

Location of Sample Collection:

Laboratory or Testing Facility (if known):

## Additional Information:

Vaccination History:

Other Relevant Medical History:

Patient Consent Obtained:

## Healthcare Provider Information

Provider Name:

Date:

Contact Information:

**Instructions for the Patient**

**Results and Follow-up**