

LABORATORY REPORTING FORM

Reporting Laboratory

Name:*	
Director:*	
Address:*	
Phone:*	
Email:	
Contact name:	

Patient

Name:*	
Date of Birth:*	
Sex at Birth*	Male Female Ambiguous Other Unknown
Race:*	
Ethnicity:*	
Address:*	
Phone:*	
Email:*	

Testing Information

Specimen ID:*	
Collection Date:*	
Specimen Type:*	
Test Name:*	
Result:*	
Result Date:*	
Additional Notes:	

Ordering Facility

Healthcare Provider:*	
Facility Name:*	
Address:*	
Phone:*	
Email:*	

*These fields are required, if available, per Arizona Administrative Code R9-6-204.

See <http://azdhs.gov/labreporting> for additional reporting information.