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|-----------------------|--|
| Laboratory | |
| Laboratory Director | |
| Address | |
| City, State, Zip Code | |
| Phone Number | |

Arizona Department of Health Services Communicable Disease* Weekly Laboratory Report

* Use other forms for HIV and TB Laboratory reports

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|----------------------|-----------------|----------------|-----------------------|-----------|---------|-----------------|
| Patient name | | Birth date | Gender M__ F__ U__ | Phone | Address | City & Zip code |
| Lab Reference Number | Collection date | Specimen Type | | Test type | Result | Result date |
| Facility Name | | Physician Name | | Phone | Address | City & Zip code |
| Patient name | | Birth date | Gender M__ F__ U__ | Phone | Address | City & Zip code |
| Lab Reference Number | Collection date | Specimen Type | | Test type | Result | Result date |
| Facility Name | | Physician Name | | Phone | Address | City & Zip code |
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| Lab Reference Number | Collection date | Specimen Type | | Test type | Result | Result date |
| Facility Name | | Physician Name | | Phone | Address | City & Zip code |
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| Lab Reference Number | Collection date | Specimen Type | | Test type | Result | Result date |
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| Lab Reference Number | Collection date | Specimen Type | | Test type | Result | Result date |
| Facility Name | | Physician Name | | Phone | Address | City & Zip code |

Signature of Laboratory Director or Designee

Date