



# LABORATORY REPORTING FORM

Arizona Department of Health Services  
Office of Infectious Disease Services  
150 N. 18th Avenue, Suite 140  
Phoenix, AZ 85007  
Tel: (602) 364-3676  
Fax: (602) 364-3199

## Reporting Laboratory

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

## Patient

Name:*	
Date of Birth:*	
Gender:*	Male      Female      Unknown      Transgender
Address:*	
Phone:*	
Email:*	

## Specimen

Lab Reference/Accn#.*	
Collection Date:*	
Specimen Type:*	
Test Type:*	
Result:*	
Result Date:*	

## Ordering Facility

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

\_\_\_\_\_  
Lab Director/Designee Signature

\_\_\_\_\_  
Date

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

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

Revised 10/15/2017