

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.

Revised 5/2025