



Arizona Department of Health Services  
Bureau of Epidemiology & Disease Control  
Office of Infectious Disease Services  
Tel: (602) 364-3676  
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## LABORATORY REPORT FORM

### Reporting Laboratory

Laboratory Name:	
Laboratory Director:	
Address:	
Phone & email:	
Contact:	

### Patient

Patient Name:	
Date of Birth:	
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/> T
Address:	
Phone & email:	

### Specimen

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

### Facility

Physician:	
Facility:	
Address:	
Phone & email:	

\_\_\_\_\_  
Lab Director or Designee Signature

\_\_\_\_\_  
Date

Revised 1/11/13