

Division of Environment
Kansas Health and Environmental Laboratories
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www.kdheks.gov/labs

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

REPORT REQUEST FORM

This form is used to request additional copies of final reports.

One Patient Per Form

Facility Name: _____ Facility ID: _____

Facility Contact Person (Last, First): _____

Phone Number: _____ Secure Fax Number: _____

Secure (HIPAA Compliant) Email Account: _____

Patient Name (Last, First): _____

Date of Birth (MM/DD/YY): _____ Collection Date (MM/DD/YY): _____

Lab ID or Test Request ID (TRID)  (Required): _____

The TRID is on the bottom of the submission form with the barcode. The Lab ID is on the final report. If you don't have either number you can request them from the submitting facility. If either number is not provided it may take additional time to fulfill request.

MRN (If Applicable): _____

Mother's Name (Last, First): _____ Mother's DOB: _____

This information is for Newborn Screening testing. If Mother's information is not provided it may take additional time to fulfill request.

Type of Test Results Requested: _____

Delivery Preference, Check One: Automated Fax Email

I request the above mentioned report to be re-issued and agree to assume responsibility. This document must be signed and faxed or e-mailed securely to the Kansas Health & Environmental Laboratories (KHEL) before reports issued. Please allow at least 3 business days for report requests to be completed.

The facility/physician requesting this report is responsible for using these results to treat the patient for which the test was performed. By signing this request, I hereby attest that I am authorized to receive this test report.

Printed Name (REQUIRED)

Signature (REQUIRED)

Date

Fax to (785) 559-5205 or Email to KDHE.KHEL_Help@ks.gov

http://www.kdheks.gov/labs/downloads/Report_Request_Form_Fillable.pdf

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