

## LABORATORY REPORT DELIVERY UPDATE

This form is used to update or add report recipient information.

Please Complete Entirely and Indicate Report Delivery Preference

Does Your Facility Submit Specimens?  Yes  No  
Delivery Preference:  Automated Fax<sup>1</sup>  Email<sup>2</sup>  LabOnline Portal<sup>3</sup>  USPS

Are You a Newborn Primary Care Provider?  Yes  No  
Delivery Preference:  Automated Fax<sup>1</sup>  Email<sup>2</sup>  LabOnline Portal<sup>3</sup>  USPS

Facility Name: \_\_\_\_\_ KHEL Facility ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secure Fax Number<sup>1</sup>: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Account<sup>2</sup>: \_\_\_\_\_

Report Recipient/Primary Care Provider: \_\_\_\_\_

<sup>1</sup>**Automated Fax** reporting allows for all laboratory reports to be sent to a secure fax number.

<sup>2</sup>**Email** reporting allows for all laboratory reports to be encrypted and sent to a *single secure email account*. It is recommended to use an email account where multiple people have access.

<sup>3</sup>**LabOnline Portal** is a submission and real-time reporting portal utilized by KHEL. **Email address required.** This will be your username, and where additional instructions will be sent.

*By signing this request, I hereby attest that I am authorized to indicate delivery preferences for the facility above.*

\_\_\_\_\_  
Printed Name (REQUIRED)

\_\_\_\_\_  
Signature (REQUIRED)

\_\_\_\_\_  
Date

**Email completed form to [KDHE.KHEL\\_Help@ks.gov](mailto:KDHE.KHEL_Help@ks.gov)**

CONFIDENTIALITY NOTICE: The information contained in the message and accompanying documents are legally privileged and confidential, intended only for the use of the individual or entity named herein. If you have received this in error, please notify KHEL immediately by calling (785) 296-1620.