

CHANGE REQUEST AUTHORIZATION

This form is also used to request required information missing from a specimen submission form.

Facility Name _____ **Date/Time** _____
Facility Contact Person _____ **Patient Name** _____
Facility Phone Number _____ **Date of Birth** _____
Facility Fax Number _____ **MRN/HSN** _____
KDHE Submission Form # _____ **Mother's Name** _____

Federal laboratory regulations require proper identification and complete demographic information on all specimens.

PLEASE COMPLETE OR VERIFY ONLY THE SELECTED MISSING INFORMATION:

- | | |
|--|---|
| <input type="checkbox"/> Date of Birth _____ | <input type="checkbox"/> Date of Collection _____ |
| <input type="checkbox"/> Physician Name _____ | <input type="checkbox"/> Specimen Source _____ |
| <input type="checkbox"/> Test(s) Requested _____ | <input type="checkbox"/> Diagnosis Code _____ |
| <input type="checkbox"/> Birth Weight _____ | <input type="checkbox"/> Gestational Age _____ |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Patient Name _____ | |

Last Name

First Name

| Incorrect/Incomplete Information | Correct Information |
|----------------------------------|---------------------|
| | |
| | |

Add a Test (one patient per fax) (specify test) _____

I request the above mentioned report to be re-issued **and/or** I authorize the demographic correction/change/test addition and agree to assume responsibility. This information may be received verbally, however this document must be signed and faxed to the Kansas Health & Environmental Laboratories (KHEL) before final changes are made and final or amended reports issued.

Printed Name (REQUIRED)

Signature (REQUIRED)

Date

Securely email or fax completed form and/or supporting documentation to:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Virology/Serology (785) 559-5208 KDHE.ViroSeroLab@ks.gov | <input type="checkbox"/> Health Chemistry (785) 559-5209 KDHE.HealthChemLab@ks.gov | <input type="checkbox"/> Microbiology (785) 559-5210 KDHE.MicroLab@ks.gov | <input type="checkbox"/> Customer Service (785) 559-5205 KDHE.LabCustomerService@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.