Kansas Notifiable Disease Form for Laboratory Reporting

Today's Date:  

Laboratory Name:  

Contact Person:  

Patient Name:  

Date of Birth:  

Street Address:  

City:  

ST:  

Zip Code:  

Patient Phone:  

Ethnicity:  

American Indian/Alaska Native  

Asian  

Black/African American  

Native Hawaiian/Other Pacific Islander  

White  

Unk  

(Circle all that apply)  

Disease Name:  

Date of Test:  

Test Performed:  

Test Results:  

Ordering Physician/Facility:  

Physician Phone:  

Physician Street Address:  

City, State, Zip:  

Mail Reports to: Office of Surveillance & Epidemiology, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274  

Reports can also be faxed toll free to: 877-427-7318  

(Rev. 02/16/2009)

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<th>Age</th>
<th>Sex</th>
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