

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
 KANSAS HEALTH & ENVIRONMENTAL LABORATORIES
 6810 SE DWIGHT STREET
 TOPEKA, KS 66620



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 WWW.KDHEKS.GOV/LABS

GOVERNOR JEFF COLYER, M.D.
 JEFF ANDERSEN, SECRETARY

CHANGE REQUEST AUTHORIZATION

This form is 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:

- Date of Birth _____ Date of Collection _____
 Physician Name _____ Specimen Source _____
 Test(s) Requested _____ Diagnosis Code _____
 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:

- Virology/Serology** **Health Chemistry** **Microbiology**
 (785) 559-5208 (785) 559-5209 (785) 559-5210
 KDHE.ViroSeroLab@ks.gov KDHE.HealthChemLab@ks.gov KDHE.MicrobiologyLab@ks.gov

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