

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"/> 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.MicrobiologyLab@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.