

Division of Environment  
Kansas Health and Environmental Laboratories  
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Lee A. Norman, M.D., Acting Secretary

Laura Kelly, Governor

## REPORT REQUEST FORM

This form is used to request additional copies of final reports.

### One Patient Per Form

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_

Facility Contact Person (Last, First): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secure Fax Number: \_\_\_\_\_

Secure (HIPAA Compliant) Email Account: \_\_\_\_\_

Patient Name (Last, First): \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Collection Date (MM/DD/YY): \_\_\_\_\_

Lab ID or Test Request ID (TRID)  (Required): \_\_\_\_\_

The TRID is on the bottom of the submission form with the barcode. The Lab ID is on the final report. If you don't have either number you can request them from the submitting facility. If either number is not provided it may take additional time to fulfill request.

MRN (If Applicable): \_\_\_\_\_

Mother's Name (If Applicable) (Last, First): \_\_\_\_\_

Type of Test Results Requested: \_\_\_\_\_

Delivery Preference, Check One:  Automated Fax  Email

I request the above mentioned report to be re-issued and agree to assume responsibility. This document must be signed and faxed or e-mailed securely to the Kansas Health & Environmental Laboratories (KHEL) before reports issued. Please allow at least 3 business days for report requests to be completed.

The facility/physician requesting this report is responsible for using these results to treat the patient for which the test was performed. By signing this request, I hereby attest that I am authorized to receive this test report.

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

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

\_\_\_\_\_  
Date

Fax to (785) 559-5205 or Email to [KDHE.KHEL.Help@ks.gov](mailto:KDHE.KHEL.Help@ks.gov)

[http://www.kdheks.gov/labs/downloads/Report\\_Request\\_Form\\_Fillable.pdf](http://www.kdheks.gov/labs/downloads/Report_Request_Form_Fillable.pdf)

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