Division of Environment
Kansas Health and Environmental Laboratories
6810 SE Dwight Street
Topeka, KS 66620

Kansas Department of Health and Environment

Phone: 785-296-1620
Fax: 785-559-5205
www.kdheks.gov/labs

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

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:

☐ **Date of Birth** _____ ☐ **Date of Collection** _____

☐ **Physician Name** _____ ☐ **Specimen Source** _____

☐ **Test(s) Requested** _____ ☐ **Diagnosis Code** _____

☐ **Birth Weight** _____ ☐ **Other** _____

☐ **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**
(785) 559-5208
KDHE.ViroSeroLab@ks.gov

☐ **Health Chemistry**
(785) 559-5209
KDHE.HealthChemLab@ks.gov

☐ **Microbiology**
(785) 559-5210
KDHE.MicroLab@ks.gov

☐ **Customer Service**
(785) 559-5205
KDHE.LabCustomerService@ks.gov

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