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Kansas Health and Environmental Laboratories
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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

LABORATORY REPORT DELIVERY

This form is used to update or add report recipient information.

Please Complete Entirely and Indicate Report Delivery Preference

Please Check One:

Update

Addition

Are You the Facility that Submitted the Specimen? Yes

No

Delivery Preference (Select One):

Automated Fax¹

Email²

USPS

Are You a Primary Care Provider? Yes No

Delivery Preference:

USPS (At this time, reports can only come through mail)

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Secure Fax Number¹: _____ Phone Number: _____

Secure Email Account²: _____

Report Recipient/Primary Care Provider: _____

¹Automated Fax reporting allows for all laboratory reports to be sent to a secure fax number.

²Email reporting allows for all laboratory reports to be encrypted and sent to a *single secure email account*. It is recommended to use an email account where multiple people have access.

By signing this request, I hereby attest that I am authorized to indicate delivery preferences for the facility above.

Printed Name (REQUIRED)

Signature (REQUIRED)

Date

Fax completed form to (785) 559-5205 or Email to KDHE.KHEL_Help@ks.gov

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