

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH - BUREAU OF LABORATORIES

PATIENT NAME		LAST	FIRST	MIDDLE
ADDRESS				
CITY		STATE	ZIP	COUNTY
DATE OF BIRTH	SEX	ETHNICITY		RACE
ONSET DATE	SOURCE OF SPECIMEN		COLLECTION DATE(S)	
SPECIFIC AGENT SUSPECTED			MEDIA SUBMITTED	
LABORATORY EXAMINATION(S) REQUESTED				
SUBMITTER NAME, ADDRESS, AND PHONE NUMBER				
TYPE _____ OR _____ PRINT _____				
RETURN TO: BUREAU OF LABORATORIES PENNSYLVANIA DEPARTMENT OF HEALTH 110 PICKERING WAY EXTON, PA 19341			PLEASE ATTACH YOUR LABORATORY RESULTS	

ATTACH PATIENT LABEL

STATE LABORATORY USE ONLY	
RECEIVE DATE	LAB NO.