

COMMONWEALTH OF PENNSYLVANIA	PATIENT NAME LAST FIRST MIDDLE				DEPARTMENT OF HEALTH - BUREAU OF LABORATORIES	
	ADDRESS					
	CITY		STATE	ZIP		COUNTY
	PATIENT PHONE #					
	DATE OF BIRTH	SEX	ETHNICITY	RACE		
	ONSET DATE	SOURCE OF SPECIMEN		COLLECTION DATE(S)		
	SPECIFIC AGENT SUSPECTED		MEDIA SUBMITTED			
	LABORATORY EXAMINATION(S) REQUESTED					
	ORDERING HEALTHCARE PROVIDER					
	FAX NUMBER FOR REPORT					
	RETURN TO: BUREAU OF LABORATORIES PENNSYLVANIA DEPARTMENT OF HEALTH 110 PICKERING WAY EXTON, PA 19341		PLEASE ATTACH YOUR LABORATORY RESULTS			
	FORM # H 840.336 REVISED 05-2020 SPECIMEN SUBMISSION FORM					
ATTACH PATIENT LABEL						
STATE LAB NO.						
SUBMITTER - Results to:						
Facility Name: _____						
Contact Name: _____						
Address: _____						
City, State, Zip: _____						
Phone #: _____						
Email: _____						