



Public Health Reporting

LEAD

HIV

COMMUNICABLE DISEASES

Requirements vary from state to state, but may include any or all of the following in addition to standard information supplied on the requisition.

- Patient's Race and Ethnicity
- If patient is minor, parent or guardian's name.
- If patient is minor, patient's school name.
- If patient is adult, employer name, address and phone number
- Patient's county of residence

For more information, call Client Services 800-421-4449.

***Specialty* appreciates your cooperation in providing the information required by your state.**