

## WEEKLY LAB REPORT

Laboratory: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Person Making Report: \_\_\_\_\_

Diagnostic Test Performed (e.g. PCR, Culture, etc.)	Test Result	Specimen Type (e.g. serum, swab, etc.) and Source (e.g. cervix, throat, etc.)	Date of Collection	Patient Name	Date of Birth	Sex	Patient Address and Telephone Number	Ordering Provider Name, Address, and Telephone Number

- Specimens or isolates for selected organisms shall be sent to the Vermont State Health Department Laboratory for further analysis or typing. Please refer to the Reportable Laboratory Findings list.
- Return this report to Vermont Department of Health by fax to **802-951-4061**, or by mail to VT Dept of Health, LSID, 280 State Dr., Waterbury VT 05671-8390