

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.
- If no positive reportable laboratory findings have been made during a given week then a written report of “No reportable findings” shall be made.
- Return to Vermont Department of Health, Infectious Disease Epidemiology, P.O. Box 70, Burlington, VT 05402 or Fax 802.951.4061