

COMMONWEALTH OF PENNSYLVANIA	PATIENT NAME: LAST FIRST MIDDLE			STATE LABORATORY RESULTS - DO NOT WRITE BELOW THIS LINE		
	ADDRESS			RECEIVE DATE	REPORT DATE	LAB NO.
	CITY	STATE	ZIP	COUNTY		
	DATE OF BIRTH	SEX	ETHNICITY	RACE		
	ONSET DATE	SOURCE OF SPECIMEN		COLLECTION DATE(S)		
	SPECIFIC AGENT SUSPECTED					
	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		
FORM # H 840.336			SPECIMEN SUBMISSION FORM			

DEPARTMENT OF HEALTH - BUREAU OF LABORATORIES