ARUP® LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

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NOT AN ORDERING FORM

This form is only used to document additional demographics for Public Health Reporting for any reportable test.

PATIENT DEMOGRAPHICS FORM FOR PUBLIC HEALTH REPORTING

Your state or local health department requires testing laboratories to report designated demographic information. Provide this information electronically via an interface or through the use of this form. Failure to provide the required information may result in a follow-up call from your state or local health department.

Client Information (required)

Client Name ______________________ Client ID ______________________

Patient Information (required)

Patient Name (Last, First, Middle) ______________________ Patient ID (MRN or other ID#) ______________________ Specimen Collection Date ______________________

Sex: ☐ Female ☐ Male **Date of Birth:** ______________________ **Race:** ______________________

Patient's Ethnicity (check all that apply)

☐ African American ☐ Asian ☐ Hispanic ☐ Native American

☐ Ashkenazi Jewish ☐ Caucasian ☐ Middle Eastern ☐ Other: ______________________

Patient Phone ______________________ City ______________________ County ______________________ State ______ Zip ______

Physician Information (required)

Physician Name (Last, First) ______________________ Physician Phone ______________________

Physician Address ______________________ City ______________________ State ______ Zip ______

If the patient is a CHILD, please provide the following:

Parent/ Guardian Name (Last, First) ______________________

If the patient is an ADULT, and the testing is for lead/heavy metals or cholinesterase, please provide the following:

Patient's Occupation ______________________ Patient's Employer Name ______________________ Patient's Employer Phone ______________________

Patient's Employer Address ______________________ City ______________________ State ______ Zip ______

ARUP Specimen Processing place master label here.