ARUP LABORATORIES

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

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THIS IS NOT AN ORDERING FORM.

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

This form may be updated at any time. Please access this form from the associated test listing each time to ensure current version is in use.

PATIENT DEMOGRAPHICS PUBLIC HEALTH REPORTING FORM

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 _____

Patient Name: _____ **Date of Birth:** _____

Sex Assigned at Birth: ☐ Female ☐ Male ☐ Intersex **Gender Identity (optional):** ☐ Female ☐ Male ☐ _____

Patient's Ethnicity (check all that apply)

☐ African American/Black ☐ Asian ☐ Hispanic ☐ White ☐ Other: _____

List country of origin (if known): _____

Patient Address _____ City _____

County _____ State _____ Zip _____ Patient Phone _____

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, please provide the following:

Patient's Occupation _____ Patient's Employer Name _____ Patient's Employer Phone _____

Patient's Employer Address _____ City _____ State _____ Zip _____

Master Label