


“This form when filled in contains patient information that must be protected in accordance with the Health Insurance Portability Accountability Act.”

Clinical Specimen and Vaping Material Submission Form

KY Division of Laboratory Services 100 Sower Blvd. Suite 204 Frankfort, Kentucky 40601 Phone: (502)564-4446 Fax:(502)564-7019				 Kentucky Public Health <small>Prevent. Promote. Protect.</small>			
PATIENT INFORMATION:							
Last Name		First Name		Middle	Gender		
Address		City	State	Zip Code	County		
Social Security #			Date of Birth				
Send Report To:							
Submitter							
Address		City	State	Zip Code	County		
SPECIMENS:							
Date Collected:							
Blood		<input type="checkbox"/>	LINE LIST OF SUBMISSIONS:				
Urine		<input type="checkbox"/>					
Bronchoalveolar lavage fluid (BAL)		<input type="checkbox"/>					
Tissue Specimen		<input type="checkbox"/>					
Vaping Materials		<input type="checkbox"/>					