RUHS Department of Public Health Laboratory
Syreeta Steele, PhD, PHLD (ABB)
Laboratory Director
4065 County Circle Drive, #106
Riverside, CA 92503
Phone: (951) 358-5070 Fax: (951) 358-5015

REQUEST FOR PATIENT LAB TEST RESULTS

PH Laboratory Use Only

Date: _____ Initials: _____

Please fax the completed form to the RUHS PUBLIC HEALTH LABORATORY: (951) 358–5015

Site Name			
Submitter Address			
Requestor's Name		**Contact Number**	
Fax Number		**Authorized Person Name**	

NOTE: ALL REQUESTS FOR PATIENT RESULTS MUST INCLUDE TWO PATIENT IDENTIFIERS	
Patient Name	
Patient Date of Birth (DOB)	
Patient Medical Record Number (MRN)	
Lab Specimen Accession Number	
Specimen Collection Date (required)	
Test Reported	

- *Please fill in as much as possible. Results cannot be faxed without at least two (2) patient identifiers.*
- *Results will only be released to an authorized person.*

***Authorized Person** means an individual **authorized** under **California State law** to order tests and/or receive test results.*

AUTHORIZED PERSON SIGNATURE:	
DATE OF REQUEST:	
RUHS PHL Comments:	