ARUP LABORATORIES

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

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aruplab.com

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 Address _____ 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.