ARKANSAS DEPARTMENT OF HEALTH Division of Public Health Laboratories 4815 West Markham Street Little Rock, AR 72205-3867		MISCELLANEOUS EXAMINATION							
Name of Patient (last, first, middle initial)		Must Be Completed							
		Birthdate				S	Sex	Race	
Patient's Address		Month	Da	у	Year	′ear			
		Must E		Must Be	Be Completed			•	
		Date Specime		Month Day			Year	7	
City State	Zip	Collected							
Requestor		Date of Onset of Symptoms							
Requestor's Address		Specimen							
		Examination Requested							
County	County Code								
<u>Laboratory Report</u>									
Date Received and Lab No.		Date Reporte	d						

HL-06 (R 9/95)

TN # 08-18

Effective: 7-21-08

MISCELLANEOUS EXAMINATION FORM (HL-06)

PURPOSE

To identify specimen submitted and examination requested.

USED BY

Health Department employees and medical providers (hospitals, clinics, physicians). Note: Private providers must complete the entire form.

EXPLANATIONS AND DEFINITIONS

Name of Patient: Enter complete name of patient.

<u>Patient's Address</u>: Complete address of patient, including zip code.

Requestor: Name of physician, PHN, nurse practitioner, or

nurse midwife.

Requestor's Address: Leave blank.

County: Leave blank.

County Code: Enter ADH Information Management System

code.

MUST BE COMPLETED

<u>Birthdate</u>: Self-explanatory.

<u>Sex</u>: Self-explanatory.

Race: Self-explanatory.

MUST BE COMPLETED

<u>Date Specimen Collected</u>: Self-explanatory.

Date of Onset of Symptoms: Self-explanatory.

<u>Specimen</u>: Type of specimen, e.g., blood.

Must be completed.

TN # 08-18

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Examination Requested: Examination(s) requested; e.g., Sickle Cell,

HBsAg, etc.

<u>Laboratory Report</u>: Leave blank.

<u>Date Received And Lab No.</u>: Leave blank.

<u>Date Reported</u>: Leave blank.

MECHANICS AND FILING

Initiate the Miscellaneous Examination Form (HL-06) for examination requests for which there are no specific forms. Use a separate HL-06 for each test ordered.

Send the HL-06 to the Laboratory with specimen.

When Laboratory results are printed, record results after review by PHN. File results in the Supplemental Folder.

FINAL DISPOSITION

Miscellaneous Examination Form (HL-06)

	Office	Retention	Scan		
Document	Office	Retention	Yes	No	
Original	Public Health Laboratory	Retain three years.		Х	
Computer Report	LHU	Scan results if record is scanned. Destroy results if record is destroyed.	X	X	