

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.
Patient's Address: 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

Birthdate: Self-explanatory.
Sex: Self-explanatory.
Race: Self-explanatory.

MUST BE COMPLETED

Date Specimen Collected: Self-explanatory.
Date of Onset of Symptoms: Self-explanatory.
Specimen: Type of specimen, e.g., blood.
Must be completed.

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

Laboratory Report: Leave blank.

Date Received And Lab No.: Leave blank.

Date Reported: 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)

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