

ARKANSAS DEPARTMENT OF HEALTH Division of Public Health Laboratories 4815 West Markham Street Little Rock, AR 72205-3887		MISCELLANEOUS EXAMINATION		
Name of Patient (last, first, middle initial)		Must Be Completed		
Patient's Address		Birthdate	Sex	Race
City State ZIP		Month	Day	Year
Requestor		Must be Completed		
Requestor's Address		Date Specimen Collected	Month	Day
County County Code		Year		
Requestor		Date of Onset of Symptoms		
Requestor's Address		Specimen		
Examination Requested		Examination Requested		
Laboratory Report				
Date Received and Lab No.				
Date Reported				