



Public Health Laboratory
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-5070; Fax: (405) 271-4850

Fax Verification Form

Completion of this form is required for your facility to receive laboratory test reports by fax transmission. Complete the required information, sign and date the form, and then fax the form to the Public Health Laboratory at 405-271-4850. Please, use the fax machine that will be designated for receipt of test reports; this serves to confirm that the fax number has been recorded correctly on the form.

Agreement Information

Please, consider security issues and potential multiple users of the fax machine when designating a fax machine for receipt of laboratory test results by your facility. Laboratory reports contain patient's private health information and as such, strict confidentiality of reports must be ensured. Preferably, the fax machine should be located in the laboratory rather than a general administrative area. Access to the designated fax machine should be limited to those individuals who have documented confidentiality agreements with their employer. The Public Health Laboratory reserves the right to terminate this agreement if there is a breach of security regarding faxed laboratory reports.

Results will be faxed to only one fax number per submission site. It will be your responsibility to alert the Public Health Laboratory at 405-271-5070 of any change in the fax number used for your site. Reports will be faxed in batch mode, so please, ensure that a sufficient supply of paper can be maintained in the designated fax machine since multiple patient reports may be sent to your site at one time. In order to conserve paper, a cover page will not be sent with each faxed test report. The faxed report should be considered the chartable copy. Please, immediately notify the Public Health Laboratory if any laboratory reports are sent in error to your location.

Contact the Public Health Laboratory at 405-271-5070 for additional information or questions.

Facility Contact Information

Facility Name:

Facility Address:

Contact Person:

Job Title:

Email:

Office Phone:

Designated Fax Number:

Signature

Date