

(Effective until January 1, 2023)

WAC 246-101-215 Content of documentation accompanying specimen submission. For each condition listed in Table Lab-1 of WAC 246-101-201, laboratory directors shall provide the following information with each specimen submission:

- (1) Type of specimen tested;
- (2) Name of reporting laboratory;
- (3) Telephone number of reporting laboratory;
- (4) Date of specimen collection;
- (5) Requesting health care provider's name;
- (6) Requesting health care provider's phone number;
- (7) Requesting health care provider's address, when available;
- (8) Test result;
- (9) Name of patient;
- (10) Sex of patient, when available in laboratory database;
- (11) Date of birth or age of patient, when available in laboratory database;
- (12) Full address of patient, or patient zip code at a minimum, when available in laboratory database;
- (13) Telephone number of patient, when available in laboratory database;
- (14) Other information of epidemiological value, when available.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-215, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-215, filed 11/22/00, effective 12/23/00.]

(Effective January 1, 2023)

WAC 246-101-215 Content of documentation accompanying specimen submission—Laboratory directors. A laboratory director shall provide the following information with each specimen submitted under this chapter to the Washington state public health laboratories:

- (1) Patient's first and last name;
- (2) Patient's physical address including zip code;
- (3) Patient's date of birth;
- (4) Patient's sex;
- (5) Patient's ethnicity, as required in WAC 246-101-011(4);
- (6) Patient's race, as required in WAC 246-101-011(5);
- (7) Patient's preferred language, as required in WAC 246-101-011(6);
- (8) For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patients twelve to fifty years of age;
- (9) Patient's best contact telephone number;
- (10) Requesting health care provider's name;
- (11) Requesting health care provider's phone number;
- (12) Address where patient received care;
- (13) Name of submitting laboratory;
- (14) Telephone number of submitting laboratory;
- (15) Specimen type;
- (16) Specimen collection date;
- (17) Date laboratory received specimen;
- (18) Test method used; and

(19) Test result.

[Statutory Authority: RCW 43.20.050, 70.28.032, and 70.24.130. WSR 21-11-040 and 22-01-175, § 246-101-215, filed 5/12/21 and 12/17/21, effective 1/1/23. Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-215, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-215, filed 11/22/00, effective 12/23/00.]