

WAC 246-101-315 Content of notifications. (1) For each condition listed in Table HF-1, health care facilities must provide the following information for each case or suspected case:

- (a) Patient name;
- (b) Patient address including zip code;
- (c) Patient telephone number;
- (d) Patient date of birth;
- (e) Patient sex;
- (f) Diagnosis or suspected diagnosis of disease or condition;
- (g) Pertinent laboratory data (if available);
- (h) Name of the principal health care provider;
- (i) Telephone number of the principal health care provider;
- (j) Address of the principal health care provider;
- (k) Name and telephone number of the person providing the report;

and

(1) Other information as the department may require on forms generated by the department.

(2) The local health officer or state health officer may require other information of epidemiological or public health value.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-315, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 43.70.545, 70.24.125, 70.28.010 and 70.104.030. WSR 00-23-120, § 246-101-315, filed 11/22/00, effective 12/23/00.]