NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
State Laboratory of Public Health

Demographic(s) Update Request Form

Submitter Documentation: **(TO BE COMPLETED BY SUBMITTER)**

Submitter EIN:	Date:	Phone: ( ) - Ext.
Authorized Personnel Printed Name:		
Authorized Personnel Signature:		

As on Printed Report

Lab Number:		
Patient First Name:	Patient Last Name:	Patient Date of Birth: / /
Please select correction from the list below and provide updated demographic on the below line(s).		
☐ First Name ☐ Last Name ☐ Date of Birth ☐ Gender ☐ Race ☐ Ethnicity ☐ Street Address ☐ City ☐ Zip Code ☐ Other		
Updated Demographic:		

As on Printed Report

Lab Number:		
Patient First Name:	Patient Last Name:	Patient Date of Birth: / /
Please select correction from the list below and provide updated demographic on the below line(s).		
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Updated Demographic:		

Please Fax completed form to: (919) 715 - 8610

Laboratory Documentation: **(TO BE COMPLETED BY NCSLPH)**	
Request Updated by:	Date: