

**Laboratory Summary of Reportable Diseases, Poisonings and  
Organisms (Including Sexually Transmitted Diseases)  
Nebraska Department of Health and Human Services**



Submit on copy not later than Tuesday of each week to: Nebraska Department of Health and Human Services  
Regulation and Licensure Communicable Disease  
P.O Box 95007  
Lincoln, Nebraska 68509-5007

PATIENT'S NAME		ADDRESS	Date of		Name of			PHYSICIAN		
Last	First	Street, City, State, Zip	Birth/Age	Sex	Test	Result	Date	Name	Phone	City

This notification shall be submitted weekly. If no reportable conditions have been detected, the notification should be submitted so indicating.

Name of Laboratory \_\_\_\_\_ Designated laboratory contact \_\_\_\_\_ Telephone: \_\_\_\_\_

For Week Ending \_\_\_\_\_ Date \_\_\_\_\_ Fax: \_\_\_\_\_

