SOUTHWEST DISTRICT HEALTH

Reportable Disease Report Form

Complete all sections. Fax securely to SWDH Epidemiology at 208-455-5350.

Date of report		**Reported by (name)**	
Condition / disease reported		**Reporter phone / fax**	

1. PATIENT INFORMATION

Patient name (last, first, middle)			
Date of birth		**Sex**	
Address (street, city, state, ZIP, county)			
Phone number		**Alternate phone**	

2. PROVIDER / FACILITY

Provider name		**Facility name**	
Facility contact number		**Facility fax**	
Facility address			

3. LABORATORY TESTING

Test(s) performed (name of test and type, e.g., PCR/NAAT, culture, antigen, serology IgM/IgG, rapid)			
Performing laboratory (name and phone)			
Specimen type collected	☐ Blood / serum ☐ Urine ☐ Stool ☐ Nasopharyngeal / throat swab ☐ Wound / lesion swab ☐ CSF ☐ Sputum / respiratory ☐ Other (specify): _____		
Specimen collection date		**Test result date**	

4. TEST RESULTS AND INTERPRETATION

Result	☐ Positive / detected ☐ Negative / not detected ☐ Indeterminate / equivocal ☐ Pending
Result details (values, titers, organism, serotype, reference range)	
Interpretation	

5. ADDITIONAL CLINICAL INFORMATION

Symptom onset date		**Symptoms**	
Treatment given	☐ Yes — medication, dose, start date: _____ ☐ No		
Hospitalization	☐ Yes — facility and admission date: _____ ☐ No		
Patient status	☐ Alive ☐ Deceased — date of death: _____		
Other relevant information (chart notes, pregnancy status, occupation, exposures, travel, contacts, outbreak association)			

Please attach copies of laboratory reports and relevant chart notes when available.

Online version of this form is available at https://swdh.id.gov/reportable-disease-form/

Idaho reportable disease list available at https://healthandwelfare.idaho.gov/providers/reportable-diseases/idaho-reportable-diseases