



This form may be faxed to the Chattanooga-Hamilton County Health Department (CHCHD): STD/HIV - (423) 498-4585, TB - (423) 498-4579, All Other Diseases - (423) 209-8191 or completed online at <https://is.gd/TNReportableDiseases>. For questions, contact CHCHD STD/HIV Department at (423) 209-8250, CHCHD TB Department at (423) 209-8030 or CHCHD Epidemiology Department at (423) 209-8190. For more specific details, refer to the TDH Reportable Diseases website at <https://apps.health.tn.gov/ReportableDiseases>.

**Directions for Healthcare Providers:**

- All of the information on this form is required to report, if available. The reporter will be contacted for any missing information.
- The provider information, patient demographics, and clinical information may be provided on this form, or attached (e.g., patient cover sheet, notifiable diseases report, relevant medical records).
- The contact information for the provider is required for the public health investigation. If the primary place of work for the provider is a private practice, include the name, phone, and fax for that facility rather than the hospital.
- Attach the associated laboratory report to this form.
- Patient address is used to assign public health jurisdiction for the investigation. If the patient address is unavailable, the provider county determines the jurisdiction.
- \*If patient's "Date of Birth" is unavailable, report the patient's age in years. If the patient is < 1 year of age, please mark the box for "Months." If the patient is < 1 month of age, please list "0" and mark the box for "Months."
- <sup>H</sup> Hepatitis symptoms include: fever, malaise, vomiting, fatigue, anorexia, diarrhea, abdominal pain, jaundice, headache, nausea.
- <sup>T</sup> Reportable tickborne diseases such as Anaplasmosis, Ehrlichiosis, Lyme Disease, and Spotted Fever Rickettsiosis.
- For a positive interferon-gamma release assay (IGRA) for (latent) Tuberculosis Infection (TBI), attach a copy of the lab result to this form. For a positive tuberculin skin test (TST) for any child or adolescent < 18 years of age, document the TST result in millimeters (mm) of induration in the "Comments" field at right; fax this form directly to the Tennessee Tuberculosis Elimination Program: (615) 253-1370.

**Directions for Laboratories:**

- Laboratories should report via electronic laboratory reporting. Refer to <https://tn.gov/health/article/laboratory-reporting> for guidance and requirements.
- If reporting via printed laboratory report, the following information is required:
  - Patient demographics (shown on the right, including address)
  - Ordering provider and facility name, phone number, address
  - Performing laboratory name, phone number, and address
  - Reporting facility name, phone number, address
  - Date of the laboratory report
  - Test performed (may differ from the test ordered)
  - Accession number
  - Specimen and collection date
  - Result (quantitative and qualitative), interpretation, and reference range
- The PH-1600 is required only if the printed laboratory report does not include the information listed above.
- Laboratories are not required to report information in the Clinical Information section.

<b>Report</b>	<b>Disease:</b>		<b>Date of Report:</b> ___/___/___	
	<b>Reporter Name:</b>		<b>Phone:</b> ( )	
	<b>Reporter Facility:</b>			
<b>Provider</b>	<b>Lab Report:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Not Tested <input type="checkbox"/> Report Unavailable			
	<b>Provider Name:</b>			
	<b>Primary Facility/Practice:</b>			
<b>Patient Demographics</b>	<b>Phone:</b> ( )		<b>Fax:</b> ( )	
	<b>County:</b>			
	<b>Patient Name:</b>			
	<b>Date of Birth:</b> ___/___/___ (mm/dd/yyyy)		<b>Race:</b>	
	<b>*Age:</b> _____ <input type="checkbox"/> Months		<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Hawaiian/ Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	
	<b>Sex:</b>		<b>Ethnicity:</b>	
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	
	<b>Street Address:</b>			
	<b>City:</b>		<b>State:</b>	
	<b>County:</b>		<b>Zip Code:</b>	
<b>Clinical Information</b>	<b>Phone:</b> ( )		<b>Phone:</b> ( )	
	<b>Illness Onset Date:</b> ___/___/___		<b>Hospitalized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	<b>Hospital Name:</b>			
	<b>Admission Date:</b> ___/___/___		<b>Discharge Date:</b> ___/___/___	
	<b>Pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Died?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	<b>Expected Due Date:</b> ___/___/___			
	<b>Symptoms?</b> <sup>H</sup> hepatitis cases only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	<b>Fever?</b> <sup>T</sup> tickborne diseases only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>STD Treatment: Date:</b> ___/___/___		<b>Comments:</b>		
<b>Medications:</b>				

Reportable Diseases and Events are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02).