



To sign up for NBS online reporting through Morbidity Reports, please complete the following survey <https://redcap.health.tn.gov/redcap/surveys/?s=8L7CMWHN4M>. This form may also be faxed to the Division of Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) at Tennessee Department of Health (TDH) at (615) 741-3857. To fax directly to the local or regional health office, refer to [Local and Regional Health Departments \(tn.gov\)](#). For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006. For more specific details, refer to the TDH Reportable Diseases website at [Reportable Diseases \(tn.gov\)](#).

Please note: [Birth Defects](#), [Drug Overdose](#), [Lead Levels](#), [NAS](#), & [NHSN Healthcare-Associated Infections](#) should not be reported using this form. Click [here](#) for special reporting details.

Directions for Providers:

- All of the information on this form is required to report, if available. Public Health will follow-up with the reporter for the patient demographics and lab report, if missing.
- 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).
- Provide the contact information for the provider for Public Health follow-up. If the primary place of work for the provider is a private practice, provide the name, phone, and fax for that facility rather than the hospital.
- Attach the associated laboratory report to this form.
- Provide the county of the provider facility or practice to aid in assignment of the case to a public health 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."
- Patient address is used to assign public health jurisdiction for the investigation.
- ^H Hepatitis symptoms include: fever, malaise, vomiting, fatigue, anorexia, diarrhea, abdominal pain, jaundice, headache, nausea.
- ^T Reportable tickborne diseases such as Ehrlichiosis/Anaplasmosis, Spotted Fever Rickettsiosis, and Lyme Disease.
- 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 to Public Health via electronic laboratory reporting (ELR) or a printed laboratory report, rather than by completing this form, unless provider information or patient demographics are missing in the lab report. Then, complete this form only for the missing information and attach the lab report.
- Laboratories are only required to report Specimen Collection Date and Specimen Source in the Clinical Information section.
- The information required (if available) for printed lab reports includes:
 - (1) Patient demographics (shown on the right, including address)
 - (2) Ordering provider and facility name, phone number, address
 - (3) Performing laboratory name, phone number, and address
 - (4) Reporting facility name, phone number, address
 - (5) Date of the laboratory report
 - (6) Test performed (may differ from the test ordered)
 - (7) Accession number
 - (8) Specimen type/source and collection date
 - (9) Result (quantitative and qualitative), interpretation, and reference range
- See the Reportable Diseases website for the ELR requirements.

Report	Disease/Event:		Date of Report: ___/___/___	
	Reporter Name:		Phone: ()	
	Lab Report: <input type="checkbox"/> Attached <input type="checkbox"/> Not Tested <input type="checkbox"/> Report Unavailable			
Provider	Provider Name:			
	Primary Facility/Practice:			
Phone: ()		Fax: ()		County:
Patient Demographics	Patient Name:			
	Date of Birth: ___/___/___ (mm/dd/yyyy)		Race:	
	*Age: ___ 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	
	Sex:	Ethnicity:		
	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Female	<input type="checkbox"/> Not Hispanic		
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		
	Street Address:			
	City:		State:	
	County:		Zip Code:	
Phone: ()		Phone: ()		
Clinical Information	Illness Onset Date: ___/___/___		Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Hospital Name:			
	Admission Date: ___/___/___		Discharge Date: ___/___/___	
	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Symptoms? ^H hepatitis cases only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	Fever? ^T tickborne diseases only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	Specimen Collection Date: ___/___/___		Specimen Source:	
	STD Treatment: Date: ___/___/___		Medications:	
Comments:				

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).