

# **REQUEST FOR ADD-ON TESTING**



The United States Code of Federal Regulations require a written and signed request be forwarded to our Laboratory when additional testing is requested.

**FAX THIS COMPLETED FORM TO 201-447-8518**

**MUST BE COMPLETED IN ITS ENTIRETY OR REQUEST CANNOT BE FULFILLED**

Account Name _____	
Account Address _____	
Account Phone Number _____	Account Fax Number _____
Patient Name _____	
Test/tests to be Added _____	
Specimen Date _____	
Additional Diagnosis Code _____	
_____	_____
<b>NAME OF PHYSICIAN (OR AUTHORIZED DESIGNEE)</b>	<b>SIGNATURE</b>
Date _____	Time _____

## **CONFIRMATION TO BE FAXED TO CLIENT**

<b>TEST/TESTS COULD NOT BE ADDED:</b>	
Quantity Not Sufficient <input type="checkbox"/>	Discarded <input type="checkbox"/> Other _____
Test/Tests _____	
Date _____	Initials of Tech _____

<b>TEST/TESTS ADDED:</b>	
Test/Tests _____	
Date _____	Initials of Tech _____