ACCU | REFERENCE MEDICAL LAB®

Life is a test

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REQUEST FOR ADD-ON TESTING

The United States Code of Federal Regulations Requires a WRITTEN and SIGNED request to be forwarded to our laboratory when additional testing is requested.

PHYSICIAN'S NAME/ACCOUNT NUMBER: _____

ACCESSION NUMBER: _____

PATIENT NAME: _____

TEST NAME/TEST CODE: _____

SPECIME DATE: _____

DX CODE(S): _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____

PLEASE FAX COMPLETED FORM TO 908-474-0032

FOR LAB USE ONLY

TEST COULD NOT BE ADDED DUE TO:

Quantity Not Sufficient ____ Discarded Sample ____ Past Stability Date for Viable Results ____

DEPENDING UPON THE SPECIMEN TYPE, SAMPLES ARE HELD FROM 2 TO 7 DAYS

This document contains private and confidential health information that is protected by state and federal laws. If you received this document in error, please call us at 908-474-1004, immediately.