



www.ourlabworks.com

Phone: (205) 637.0982

Fax: (205) 829.1393

100 Oxmoor Boulevard
Suite 190
Homewood, AL 35209

ADD-ON/CANCELLATION TEST REQUEST FORM

Ordering Physician: _____ Facility: _____

Phone: _____ Fax: _____

Accession# _____

Patient Name (Last, First): _____

Original Specimen Collection Date: _____

Time & Date of Request: _____

Diagnosis Codes: _____

Completed By: _____

PLEASE PRINT TEST(S) TO BE ADDED CANCELLED (select one) HERE:

In order for the Laboratory and the test requestor to comply with Medicare and CLIA regulations regarding tests ordering and record retention, this form must be complete to be valid. Incomplete forms will result in a rejection and additional testing will not be performed. Please use this form for adding tests to previously submitted lab samples.

PLEASE NOTE: Additional testing is not guaranteed due to specimen validity requirements.

Please use this form while submitting requests for additional tests. Medicare provides reimbursement for tests that are medically necessary for diagnosis or treatment of the patient for whom tests are ordered.

FOR LAB USE ONLY

Test to be performed Unable to perform test

Reason:

Incorrect sample type Sample expired Sample QNS

Other, Please specify: _____

Staff Signature: _____ Date: _____

Place Accession Label Here