



**CONCORD HOSPITAL**  
**Laboratory Services**

Laboratory Test Requisitions

All specimens submitted for testing must be accompanied by a ***completed*** laboratory test requisitions or an electronic order. Delay in patient testing may result if the required information is not provided. If verbal or faxed reports are needed, this should be noted in the space provided on the Laboratory Requisition.

<b>Required Information</b>	
<p><b>Patient Information</b></p> <ul style="list-style-type: none"> <li>▪ Patient Name (last and first name)</li> <li>▪ Date of Birth</li> <li>▪ Birth Sex</li> <li>▪ Address</li> <li>▪ Telephone number</li> <li>▪ Parent or legal guardian (for patients under 18 years old)</li> </ul>	<p><b>Provider Information</b></p> <ul style="list-style-type: none"> <li>▪ Ordering Provider full name printed and legible</li> <li>▪ Address</li> <li>▪ Phone Number</li> <li>▪ Fax Number</li> </ul>
<p><b>Billing Information</b></p> <ul style="list-style-type: none"> <li>▪ Name of Insurance Company</li> <li>▪ Address</li> <li>▪ Phone number</li> <li>▪ Policy Number</li> <li>▪ Group Number</li> <li>▪ Name and Date of Birth of Subscriber</li> </ul> <p>*Copy of insurance card is acceptable</p>	<p><b>Diagnosis – ICD 10 Codes</b></p> <ul style="list-style-type: none"> <li>▪ Required for EACH test ordered</li> <li>▪ Diagnosis must meet medical necessity</li> </ul>
<p><b>Test Requested</b></p> <ul style="list-style-type: none"> <li>▪ Clearly check desired testing</li> <li>▪ Full test name no abbreviations</li> <li>▪ Must write legibly</li> </ul>	<p><b>Specimen Collection Information (when applicable)</b></p> <ul style="list-style-type: none"> <li>▪ Date Specimen was collected</li> <li>▪ Time Specimen was collected</li> <li>▪ First initial and last initial of the person who collected the specimen</li> <li>▪ Source of the specimen (other than blood)</li> </ul>