

Laboratory Test Directory Change Form

Submitter Name:		Date:	
Submitter Location:		Submitter Email:	
New Page:		Update to Existing Page:	
Collection			
Test Name:		Notes (Performing Locations/Lab:	
Alias (Epic EAP):		Performed (Testing Schedule):	
Storage/Transport Temperature:		Minimum Volume:	
Specimen Retention:		Ordering Recommendations:	
Stability:		Remarks:	
Pediatric Collection:		Patient Preparation:	
Unacceptable Conditions:		Reported (TAT):	
Other Acceptable Specimens:			
Specimen Preparation:		Collect:	
Result Interpretation			
Reference Interval:		Interpretive Data:	
Methodology:			
Administrative			
CPT Code(s):		Synonyms:	