

**Laboratory Test Catalog Update Form**

Submit this form for any changes or updates to the laboratory test catalog. Email completed form as an attachment to LabCatalogChangeReqTeam@HealthPartners.Com

*Complete all yellow highlighted sections in addition to any changes or additions requested.*

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| Location Information |
|  |  |  |  |  |  |  |  |  |  |  |
| Lab Location:  |   | Request Date:  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| Change Request Submitted by (Name): |   |
|
| Phone Number: |
| Email Address:  |
| Test Information |
| ⃝ Update to current test ⃝ New Test |
| Test Name:  | EPIC number: |
| Alternate name (Synonyms):  | Sunquest test code:  |   |   |   |
|   |
|   |   |   |
| Includes:(If test battery, list all tests) | CPT Code (s) |
| Reflex testing:  |
| Performing laboratory | Ordering location:  |
| Preferred sample type:  | Preferred sample volume:  |
| Other acceptable samples: | Minimum volume |
| Special ordering instructions:  |
| Special collection instructions:  |
| Special processing instructions:  |
| Transport container: | Transport temp: |
| Sample stability (room temp.): | Sample stability (refrigerated):  |
| Sample stability (frozen): | Rejection criteria: |
| Methodology: | Setup schedule: |
| Report available: |
| Reference range: | Critical value:  |
| Clinical Significance: |
| Notes:  |
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