cid:image001.png@01D46486.CF0FC720

**Laboratory Test Directory Update Form**

Submit this form for any changes or updates to the laboratory test directory. Email the completed form as an attachment to [LabCatalogChangeReqTeam@HealthPartners.Com](mailto:LabCatalogChangeReqTeam@HealthPartners.Com)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Laboratory Information** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |  |
| Submitter Location: | |  | | | | Date: | |  | | | |
|  |  |  |  |  |  |  |  | |  |  |  |
| Submitter Name: | |  | | | | | | | | | |
|
| Phone Number: | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | |
| **Test Information** | | | | | | | | | | | |
| ⃝ Update to Existing Page ⃝ New Page | | | | | | | | | | | |
| **Epic Number (Alias):** | | | | | | **Test Name:** | | | | | |
| **Synonyms:** | | | | | | **Collect:** | | | | | |
| **Specimen Preparation:** | | | | | | **Other Acceptable Specimens:** | | | | | |
| **Pediatric Collection:** | | | | | | **Minimum Volumes:** | | | | | |
| **Preferred Sample Type:** | | | | | | **Preferred Sample Volume:** | | | | | |
| **Performed:** | | | | | | **Minimum Volume:** | | | | | |
| **Stability (From collection to initiation):** | | | | | | **Other Acceptable Samples:** | | | | | |
| **Remarks:** | | | | | | | | | | | |
| **Ordering Recommendations**: | | | | | | | | | | | |
| **Reported:** | | | | | | **Notes (include all performing lab locations):** | | | | | |
| **CPT(s):** | | | | | | **Methodology:** | | | | | |
| **Reference Interval(s):** | | | | | | | | | | | |
| **Interpretive Data:** | | | | | | | | | | | |