

**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

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| **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:**  |