1. Patient name with accession number or patient label:
2. What test is this form for?
3. Where did the specimen originate from?

Summa Akron City Hospital  Summa Barberton Hospital

Summa St. Thomas Hospital  Summa Lake Medina Hospital

Summa Wadsworth Hospital  Summa Heritage Crossing (Green)

Lab Care Plus  Outpatient Lab

Other

1. Is this specific test in Gateway?  Yes  No
2. Is the information correct in Gateway?  Yes  No
3. Is the formulary correct in SoftLab?  Yes  No
4. If you answered No to questions 4, 5 or 6, what needs corrected or added?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed form to: Lab-Gateway Test Directory Issues