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