



## Non-Preferred Laboratory Exception Request Form

This form is to be completed and emailed to [LabMed Reference Lab@childrensnational.org](mailto:LabMed_Reference_Lab@childrensnational.org) for review. Orders should not be entered until exception has been granted. Please allow three (3) business days for final decision.

### Provider information:

Provider Name Enter text	Pager number Enter text	Department Enter text	Date Enter text
Attending Physician Enter text	Pager number Enter text	Department Enter text	Date Enter text

### Patient information:

Name (last) Click here to enter text.	First Click here to enter text.	Location (circle one) INPATIENT OUTPATIENT
Encounter Number Click here to enter text.		MRN number Click here to enter text.

### Non-Preferred Laboratory Test Exception Request:

Test Name Click here to enter text.	Requested Laboratory Name Click here to enter text.
CPT Code Click here to enter text.	List Price Click here to enter text.
Clinical Indication Click here to enter text.	
Rationale for Using Non-preferred Laboratory Click here to enter text.	

### LABORATORY USE ONLY

Requested Laboratory Name Click here to enter text.		Preferred Laboratory Name Click here to enter text.	
Decision <input type="checkbox"/> <b>ACCEPT</b> <input type="checkbox"/> <b>DENY</b>		Rationale Click here to enter text.	
Reviewer Signature		Date	