

Miscellaneous Test Request Form

Instructions: Please complete all sections. If any information is left blank the form will not be reviewed. Send-out requests will be processed M-F 7am-6pm. Print form and deliver to Lab Receiving Area.

Patient Name: Click or tap here to enter text. DOB: Click or tap here to enter text.

MRN: Click or tap here to enter text. Sex: M ☐ F ☐

Patient Address (City, State, Zip): Click or tap here to enter text.

Insurance Information (Carrier, ID#, Address): Click or tap here to enter text.

Inpatient ☐ Outpatient ☐

Requested Test: Click or tap here to enter text.

Medical Necessity (Justification): Click or tap here to enter text.

Does this test require patient consent: Y ☐ N ☐

Requestor details

Name: Click or tap here to enter text. Title: Choose an item.

Office Address: Click or tap here to enter text.

Contact Phone: Click or tap here to enter text.

Requestor's Signature: Click or tap here to enter text. Click or tap to enter a date.

Laboratory Use Only

Test Location: Choose an item. Test Code: Click or tap here to enter text.

Specimen Details: Container Type: Choose an item. Storage Temp Choose an item. Specimen Type: Choose an item.

Medical Director Approval: Y ☐ N ☐

Medical Director Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

Was Requestor Notified? Y ☐ N ☐

Name of Person Notified: Click or tap here to enter text.

Date: Click or tap to enter a date.

Staff Signature: Click or tap here to enter text.