NewYork-Presbyterian

CLIENT SERVICES - AUTOMATED LAB
ADD-ON TEST REQUEST FORM
NON-ECLIPSYS LOCATIONS ONLY

Patient Name: _____ **Physician/Location:** _____

Patient MRN: _____ **Requester:** _____

Date of Service: _____ **Phone Number:** _____

Accession Number: _____ **Fax Number:** _____

TEST NAME(S) IN ORDER OF PRIORITY

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

_____ _____

Authorized Signature **Date**

Please fax all COMPLETED requests to 646-317-5426*

For any questions, please call Client Services at 212-305-8600

For Office Use Only:	
☐ Test(s) Added	☐ Test(s) Not Added
Comments:	
Employee Name:	

*All faxed requests should be received Monday-Friday, 8:00am – 3:45pm.
For off hour requests, please call Client Services before faxing the form.