Scripps

LABORATORY DOWNTIME REQUISITION

Collection Date:	Collection Time:	Location:

Ordering MD (First & Last Name): ☐ **Stat** ☐ **Timed** ☐ **Routine**

For Non-Lab Collected Specimen:
Source:

Collected by (Corp #):

Provider Orders:

Corporate # and Signature of Person Filling Request: _____

For Lab Use Only:

Downtime #s	Epic #s

LABDTREQ 100-NS7500-8092SW

100-NS7500-8092SW (8/26/19)