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40 Exchange Place, Suite 701 New York, NY 10005
2944 SW 26th Terrace, Suite 502, Dania Beach, Florida 33312

ADD-ON TESTS REQUEST FORM

Ordered By: Dr._____ **Station #:** _____

Phone: _____ **Fax:** _____

Accession# _____

Patient Name (Last, First): _____

Original Specimen Collection Date (for ADD-ONs only): _____

Time & Date of ADD-ON Request: _____

Diagnosis: _____

Requested By: _____

Physician Signature: _____

PLEASE PRINT TEST(S) TO BE ADDED HERE

In order for the Laboratory and the test requestor to comply with Medicare and CLIA regulations regarding test ordering a record retention, this form must be complete to be valid. Incomplete forms will be rejected and testing will not be performed. Please use this form for adding tests to previously submitted lab samples.
PLEASE NOTE: Purple Tops are available for 24 Hours only, and Serum Separator Tubes for 7 days only.

Please use this form while submitting requests for additional tests. Medicare provides reimbursement for tests that are medically necessary for diagnosis or treatment of the patient for whom test are ordered.

FOR LAB USE ONLY

☐ Test to be performed. ☐ Unable to perform test.

Reason:

☐ Sample Inappropriate ☐ Sample unable to be located

☐ Sample too old ☐ Sample QNS