



Expertise Delivered Personally

Add-On Test Request Form

Client: _____ Date: _____

Patient Name: _____

Patient Birthdate: _____

Registration Number: _____

Sample Date: _____ Accession #: _____

Test(s) to be Added: _____

ICD-10 Code(s): _____

Other Comments: _____

Request taken by: _____

Signature: _____

CLIENT SIGNATURE AUTHORIZING ADD-ON TEST(S)

The above test(s) is being added on to a specimen at MLabs at your verbal request. According to CLIA regulations #493.1105, MLabs must receive written authorization from the client. Please fill out the above information and sign and fax this form to MLabs.

Please fax completed form to MLabs: 734-936-0755

