

**ADD-ON TEST REQUEST**

- Please fax the signed form immediately following a verbal request to:  
Fax: (248) 912-1730
- Your signature confirms your order of the above test(s) for this patient. If you have any questions please contact the laboratory at 248-912-1700.
- We require a signed request to be forwarded to a laboratory following the verbal order of a laboratory test(s) within 30 days. Please assist us to meet this requirement and to complete our records

PATIENT NAME: \_\_\_\_\_

ACCESSION NO: \_\_\_\_\_

COLLECTION DATE: \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

TEST(S) REQUESTED: \_\_\_\_\_

\_\_\_\_\_

DIAGNOSIS CODE(S): \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

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**For Biotech Clinical Laboratories Use**

T:    L:    R:    C:    S/O:

Init: