

ADD-ON TEST REQUEST

CYTOLOGY/HISTOLOGY

FAX TO: (912) 264-6939

ATTENTION: LAB MANAGER

The United States Code of Federal Regulations (CFR) requires a written and signed request in order to perform a laboratory test. Please assist us in meeting this requirement.

Please complete the following information:

Clinic Name: _____

Contact: _____

Patient Name: _____

Patient Date of Birth: _____

Patient Social Security Number: _____

Specimen #: _____

Test Requested: _____

Diagnosis Code: _____

Date: _____

Time: _____

Physician

Physician Signature

For Internal Use

Only:

Received

By: _____

Date: _____

Time: _____