



LABORATORY TEST ADD-ON FORM

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

ORIGINAL DRAW DATE: _____

ACCESSION OR ORDER NUMBER (IF KNOWN): _____

TEST CODE (IF KNOWN)	TEST NAME

Other notes or comments: _____

Is a new specimen being submitted with this request? **YES** **NO**

This form may be faxed to **(208) 472-1078** or sent to the lab with the courier. For urgent requests, please call.

PHYSICIAN CONSENT & AUTHORIZATION

SIGNATURE

DATE