

# Change in Testing Authorization



CombiMatrix is happy to honor our clients' requests to change or cancel tests that have been ordered. However, once testing has begun, cancellation or certain changes to the order may not be possible. If you have any questions or would like to discuss your request, please contact the Client Services department at **800.710.0624**.

## Patient Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Accession #: \_\_\_\_\_

## Ordering Physician Information

Physician: \_\_\_\_\_ Direct phone: \_\_\_\_\_

Facility: \_\_\_\_\_ Fax: \_\_\_\_\_

## Physician Authorization

As the original ordering physician, I hereby request that CombiMatrix -

- Add the following test(s):
- Cancel the following test(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Please email this form to [clientservices@combimatrix.com](mailto:clientservices@combimatrix.com) or fax it to **949.753.4725**.**