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Toll Free Phone: 1-877-697-6252

Toll Free Fax: 1-888-322-9524

Phone: (215) 322-6590

Fax: (215) 322-9524

940 Pennsylvania Boulevard, Suite E, Feasterville, PA 19053  
40 Exchange Place, Suite 701 New York, NY 10005

## ADD-ON TESTS REQUEST FORM

Ordered By: Dr. \_\_\_\_\_

Station #: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Accession# \_\_\_\_\_

Patient Name (Last, First): \_\_\_\_\_

Original Specimen Collection Date (for ADD-ONS only): \_\_\_\_\_

Time & Date of ADD-ON Request: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Requested By: \_\_\_\_\_

### PLEASE PRINT TEST(S) TO BE ADDED HERE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order for the Laboratory and the test requestor to comply with Medicare and CLIA regulations regarding test ordering a record retention, this form must be complete to be valid. Incomplete forms will be rejected and testing will not be performed. Please use this form for adding tests to previously submitted lab samples.

**PLEASE NOTE: Purple Tops are available for 24 Hours only, and Serum Separator Tubes for 7 days only.**

Please use this form while submitting requests for additional tests. Medicare provides reimbursement for tests that are medically necessary for diagnosis or treatment of the patient for whom test are ordered.

### FOR LAB USE ONLY

Test to be performed.       Unable to perform test.

#### Reason:

Sample Inappropriate       Sample unable to be located

Sample too old       Sample QNS