

## REQUEST FOR ADD-ON TESTING

The United States Code of Federal Regulations Requires a Written and Signed Request Be Forwarded  
To Our Laboratory When Additional Testing Is Requested.

FOR PHYSICIAN USE  
PLEASE COMPLETE ALL BOLD FIELDS

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Specimen Number/Bar Code: \_\_\_\_\_  
Test Number/Numbers: \_\_\_\_\_  
Test Name/Names: \_\_\_\_\_  
Specimen Date: \_\_\_\_\_ Dx. Code: \_\_\_\_\_ Medicare Patient? Yes \_\_\_\_\_ No \_\_\_\_\_  
Office Fax Number: \_\_\_\_\_

SIGNATURE OF PHYSICIAN (OR AUTHORIZED DESIGNEE)

DATE

TIME

FAX COMPLETED FORM TO: 862-257-1419 OXFORD CLIENT SERVICES DEPT

\_\_\_\_\_ Please check here if you would like fax confirmation that request has been received and is in process  
Please be advised that you will be notified via fax if we are unable to process your add-on request.

## FOR OXFORD USE ONLY

Test could not be added:

Quantity not sufficient \_\_\_\_\_ Already discarded \_\_\_\_\_ Too old for viable results \_\_\_\_\_

Other: \_\_\_\_\_

Depending upon the type of specimen, samples are usually held from 2-10 days.

FORM MUST BE COMPLETED IN ITS ENTIRETY OR PROCESSING OF REQUEST

This document contains private and confidential health information protected by State and Federal Law.  
If you have received this document in error, please call 862-257-1418.