

**CORRECTION REQUEST FORM**

1. **Form Completed By:** \_\_\_\_\_  
(first and last name)

2. **Date/Time:** \_\_\_\_\_

3. **Title:** \_\_\_\_\_

4. **Patient lab work was submitted to Biotech Clinical Laboratories using the following information:**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Accession No: \_\_\_\_\_

SS#: \_\_\_\_\_

5. **Based on investigation, the correct patient is:**  
*(You MUST submit a corrected test requisition that includes a form of identification and insurance information, if applicable)*

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

6. **Reason:** \_\_\_\_\_  
\_\_\_\_\_

7. **Physician Authorization:**

Physician Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*FAX TO: 1-248-426-9867**

**For Biotech Clinical Laboratories Use:**

CS: \_\_\_\_\_ Date: \_\_\_\_\_

QA: \_\_\_\_\_ Date: \_\_\_\_\_