

VERBAL REQUEST VERIFICATION

- Please fax the signed form immediately following a verbal request to:
Fax: (248) 426-9867
- Your signature confirms your order of the above test(s) for this patient. If you have any questions please contact the laboratory at 1-800-664-6229.
- We require a signed request to be forwarded to a laboratory following the verbal order of a laboratory test(s) within 30 days. Please assist us to meet this requirement and to complete our records

PATIENT NAME: _____

ACCESSION NO: _____

COLLECTION DATE: _____

REQUEST DATE: _____

REQUESTED BY: _____

TEST(S) REQUESTED: _____

DIAGNOSIS CODE(S): _____

PHYSICIAN NAME: _____

PHYSICIAN SIGNATURE: _____