



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:
 - a. Patient Name: _____
 - b. DOB: _____
 - c. Collection Date: _____
 - d. Accession #: _____
 - e. 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: _____

Physician Signature: _____