

**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: 1-248-912-1730**