

Add-on/Cancel form

Affiliate



In order to perform additional testing or cancel testing on a previously received specimen, Allina Health Laboratory needs written authorization.

*Complete this form and **fax** to Allina Health Laboratory Client Services at (612) 863-4067, if Allina Health Laboratory Central has the original sample.*

Please contact our Client Services staff with any questions at (612) 863-4678, Option 1, or (800) 281-4379.

Facility Name: _____ Date: _____

Contact Name: _____ Phone: _____

Patient Name: _____

DOB: _____ MRN: _____

Add-on test request:

Specimen # _____

Original test(s): _____

Original order date: _____

Added test(s): _____

Cancel test request:

Specimen # _____

Note: only to be used when specimen has been preliminary or final verified.

Reason for cancel (be specific): _____