

Add-On/Cancel request form

LabLink interfaced clients



In order to perform additional testing or cancel testing on a previously received specimen, written authorization is required.

*If the sample is at, or in transport to, Allina Health Laboratory, complete this form and **fax** to Allina Health Laboratory Client Services at (612) 863-4067.*

Facility Name: _____	Date: _____
Contact Name: _____	Phone: _____
Patient Name: _____	DOB: _____

Add-on request: *Place an order for the additional testing in your EMR/LIS.*

Original test(s): _____

Original order date: _____

Added test(s) name and test number: _____

Place the specimen label(s) for the added tests here:

Cancellation request: *Cancel the test(s) in your EMR/LIS.*

Test name and number: _____

Date of service/specimen collection date/time: _____

Reason for cancel (be specific): _____

Contact our Client Services department with any questions at (612) 863-4678, option 1, or (800) 281-4379.