Spectrum Health Laboratories   **SPECTRUM HEALTH**

Additional/Add-on Laboratory Test Request

Fax to the Hospital Laboratory most likely to have your patient specimen:

Spectrum Health Regional Lab (SHRL) & Advanced Technology Lab (ATL) Grand Rapids: 616.267.2751			
Big Rapids:	231.592.4304	**Pennock:**	269.945.5244
Gerber Memorial:	231.924.1167	**Reed City:**	231.832.2154
Kelsey:	989.352.7855	**United:**	616.225.9202
Ludington:	231.845.2292	**Zeeland Community:**	616.748.8730

Today's date:	
Patient's Full Name:	
Patient's Date of Birth / SS:	
Medical Record Number (if known):	
Date of Original Testing / Collection:	
Original Order Entered into eSHare/EPIC:	(Electronic Order) Yes: _____ No: _____
Additional Test(s) Requested:	
Additional Diagnosis (Signs/Symptoms)	
Ordering Provider Name:	
Ordering Provider Signature:	
Contact Person at Office:	
Office Phone Number:	
Office Fax Number:	

Please provide additional diagnoses as indicated. Each add-on request will be investigated by lab for appropriateness. If the specimen is still viable, testing will be completed and results will be sent. If the specimen is not available or not appropriate, a call will be made by Laboratory staff to alert clinicians that a new specimen is required.

Can additional testing be performed?   Yes ☐   No ☐
If **NO**, office contacted by _____.
Office staff that was notified: _____. Date: _____
Reason testing could not be completed: _____
Documented in Order Notes in Cerner?   Yes ☐   No ☐
If **YES**, check the following that apply:
☐ Additional testing ordered.
☐ Additional diagnosis needs to be added.
☐ Patient needs to be registered.

NOTE: FOR MEDICARE PATIENTS, ATTACH COMPLETED ABN FORM CMS-R 131 AS NEEDED.