

## Additional/Add-on Laboratory Test Request

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

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

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.**

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