# CLARIFICATION OF ORDER/ DIAGNOSIS REQUEST DOCUMENTATION FORM

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>MRN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit #:</td>
<td>DOS:</td>
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</tbody>
</table>

| Ordering Provider: | Phone Number of Provider: |

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### Clarification of Orders:

**Test(s) ordered on requisition that requires clarification:**

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**Confirmed Test(s) ordered:**

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**Test(s) confirmed by (name of person providing information):**

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**Date/Time of call:**

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**Information collected by (name of person making call):**

(print name)

(signature)

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### Diagnosis Request:

**Date/Time of call:** (initial contact)

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Please record all subsequent calls if initial call was not successful:

**Date/Time of call:**

**Date/Time of call:**

**Date/Time of call:**

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**Test(s) ordered:**

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**Diagnosis provided (code or narrative):**

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**Diagnosis Provided by (person providing information):**

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**Information collected by (name of person making call):**

(print name)

(signature)

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*Clarification of Orders MUST be filed with the Original Requisition*

*Diagnostic Information MUST be forwarded to the Laboratory Coder for entry and filing.*