



22 Meridian Road, Unit 7 • Edison, NJ 08820
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REQUEST FOR ADD-ON TESTING

The United States Code of Federal Regulations Requires a Written and Signed Request be forwarded to our Laboratory When Additional Testing is requested.

**FOR PHYSICIAN USE
PLEASE COMPLETE ALL BOLD FIELDS**

Account Number: _____ **Account Name:** _____
Patient Name: _____ **D.O.B.** _____
Specimen Number/Bar Code: _____
Test Number/Numbers: _____
Test Name/Names: _____
Specimen Date: _____ **Dx. Code:** _____ **Medicare Patient?** Yes _____ No _____
Office Fax Number: _____

SIGNATURE OF PHYSICIAN (OR AUTHORIZED DESIGNEE)

DATE

TIME

FAX COMPLETED FORM TO: 732-321-1150 AVANTIC CLIENT SERVICES DEPT.

_____ Please check here if you would like fax confirmation that request has been received and is in process.
Please be advised that you will be notified via fax if we are unable to process you add-on request.

FOR AVANTIC USE ONLY

Test could not be added:

Quantity not sufficient _____ **Already discarded** _____ **Too old for Viable Results** _____
Other: _____

Depending upon the type of specimen, samples are usually held from 2-10 days.

FORM MUST BE COMPLETED IN ITS ENTIRETY FOR PROCESSING OF REQUEST

This document contains private and confidential health information protected by State and Federal Law. If you have received this document in error, please call 732-474-1120