



ADD-ON TEST FORM

Date: _____
Account #: _____
Account Name: _____
Contact Number: _____
Employee Name: _____

Patient Information

Name: _____ DOB: _____

Original Speciman Collection Date: _____

Additional Test(s) Requested

Additional Comments

Please Fax Completed Form to (954)505-7302.

Below is to be filled out by laboratory

Name: _____ Date: _____

Time: _____ Patient #: _____

Comments
