



Primary Diagnostics Laboratory  
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## Laboratory Follow-Up Request Form

Facility name: \_\_\_\_\_

Ordering provider: \_\_\_\_\_ Fax number: \_\_\_\_\_

Patient name: \_\_\_\_\_ Requisition number \_\_\_\_\_

DOB: \_\_\_\_\_ Date collected: \_\_\_\_\_ Date received: \_\_\_\_\_

**We are in need of the following information. Either the documentation received was incomplete or illegible. In order to process the sample in a timely manner, please fax response**

Please indicate the ordering provider (not listed on requisition form). \_\_\_\_\_

Unlabeled Specimen. Testing cannot be run performed, please recollect specimen.

Please provide full patient demographics (SSN, DOB, Address, phone number and current insurance information).

No orders received. Please provide orders.

Missing / Invalid ICD-9 Codes. Please provide valid ICD-9 codes \_\_\_\_\_

Name verification. Please provide patient's full legal name. \_\_\_\_\_

Requisition form lacking two identifiers. Please verify patient's date of birth if you would like us to process the specimen. \_\_\_\_\_

Please verify the date of collection. \_\_\_\_\_

Name on Specimen does not match Name on requisition form. If name on specimen is correct please provide a corrected requisition form

Other \_\_\_\_\_

Provider signature (**required**) \_\_\_\_\_ Date: \_\_\_\_\_

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Initial Notice Date: \_\_\_\_\_ Lab Assistant \_\_\_\_\_

Second Request Date: \_\_\_\_\_ Lab Assistant \_\_\_\_\_

**\*FINAL NOTICE\***

**If a response is not received within two business days specimen will be discarded.**

Date: \_\_\_\_\_ Lab Assistant \_\_\_\_\_

this communication or any attachments.