



Allina Medical Laboratories  
 800 East 28th Street  
 Minneapolis, MN 55404  
 612-863-4678  
 1-800-281-4379

# ADD-ON/CHANGE FORM

## FAX 612-863-4067

**Instructions for Use:**

The Reference Laboratory needs written authorization to perform additional testing on an already received specimen or to change patient demographic information. Please complete this form and **fax, mail or send with a courier** to Allina Reference Laboratory. Please call Client Services when additional testing is being requested.

**Please complete this portion for all requests.**

Today's Date _____	Person Requesting _____	
Office _____	Phone # _____	Fax # _____
Patient Name _____	DOB _____	
SS # _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Provider _____
Bill: <input type="checkbox"/> Office <input type="checkbox"/> Insurance		
**Diagnosis (ICD-9 or Descriptive) _____		
Insurance Company _____		
Policy # _____	Group # _____	
Patient Address _____		
City/State/Zip _____		

**• ADD-ON TEST Request**

Original Test(s) \_\_\_\_\_ Add Test(s) \_\_\_\_\_

Original Order Date \_\_\_\_\_ Time \_\_\_\_\_

**\*\*Diagnostic Information must be for current test(s) being added.**

**• CHANGE Request**

Describe change requested: billing, patient demographics\* (spelling, social security number), diagnosis, physician\*, date\*/time\* collected, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Generates a new report.

<p>For Lab Use Only</p> <p><b>ADD-ON</b></p> <p>Original Sample # _____</p> <p>Added Test Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____</p> <p>Sample Found: <input type="checkbox"/> Yes <input type="checkbox"/> No Add-on Test Run: <input type="checkbox"/> Yes <input type="checkbox"/> No Dept. Tech Initials _____</p> <p><b>**If no sample found or specimen exceeds age, write an electronic problem note.</b></p> <p>Departments: Return form to Reference Lab when complete.</p> <p><b>CHANGE</b></p> <p>Date Item Changed _____ Initials _____</p> <p>Changed in: (check all that apply) <input type="checkbox"/> Ultra <input type="checkbox"/> HAC <input type="checkbox"/> XIFIN</p>
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