



**ADD-ON ORDER REQUEST/VERIFICATION FOR ADDITIONAL TESTS FROM LIQUID PAP**

The laboratory test(s) listed below have been or are being requested to be performed. Please confirm this order by signing in the space provided. The laboratory will add-on the requested test(s) pending review of the specimen stability and integrity. You will be notified if the requested test(s) cannot be added on.

After completing the section below please fax to 425-712-8349 or deliver with today's specimens.

**Fax: 425-712-8349**

Please ADD ON this test

PHONE CONFIRMATION

Patient Name: \_\_\_\_\_ SSN/ID/MRN: \_\_\_\_\_

Client/Doctor: \_\_\_\_\_ Authorized by: \_\_\_\_\_

TEST(S) TO BE ADDED:  HPV  Chlamydia  Gonorrhea

ICD-9 Code(s): \_\_\_\_\_

Original Date of Service: \_\_\_\_\_

Case Number: \_\_\_\_\_

ADD-ON date: \_\_\_\_\_

Signature of ordering provider  
or authorized personnel (X) \_\_\_\_\_

Date: \_\_\_\_\_