



Pacific Physicians' Laboratory, Inc.

ADD-ON ORDER REQUEST/VERIFICATION

Pacific Physicians' laboratory, Inc. is required by federal regulations (CLIA '88) to obtain written authorization for testing within thirty (30) days of your verbal request.

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 425-775-0848 or deliver with today's specimens.

Fax: 425-775-0848

Please ADD ON this test

PHONE CONFIRMATION

Patient Name: _____ SSN/ID/MRN: _____

Client/Doctor: _____ Authorized by: _____

TEST(S) TO BE ADDED: _____

ICD-9 Code(s): _____

Original Date of Service: _____

Accession/Requisition Number: _____

ADD-ON date: _____

**Signature of ordering provider
or authorized personnel (X)** _____

Date: _____