URMC LABS TEST ADD-ON REQUEST FORM
*Indicates Required Field

*TODAY'S DATE: _________________

*PATIENT NAME: ____________________________

*DOB: ______________________ **OR** MRN: _______________________________

*DIAGNOSIS: ____

DATE OF BLOOD DRAW (SPECIMEN COLLECTION): ___________________

*TEST(S) TO BE ADDED:

____

____

*REQUESTING PROVIDER: ____

*PROVIDER SIGNATURE (REQUIRED BY NYS): _________________________

PROVIDER PHONE: _______________ FAX: ___________________

PLEASE FAX TO: (585) 424-5527

OR

IF STAT, PLEASE CALL: (585) 350-2600, OPTION 3

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR CLIENT SERVICES DEPARTMENT AT (585) 350-2600, OPTION 3

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