



Medicon Clinical Laboratory  
97 Linden Ave, Elmwood Park, 2nd floor  
NJ 07407  
TEL: 908-275-1033 FAX: 908-275-1043  
Email: info@mediconclinicallab.com  
www.mediconclinicallab.com

## REQUEST FOR ADD-ON TESTING

The United States Code of Federal Regulations Requires a Written and Signed Request Be Forwarded To Our Laboratory When Additional Testing Is Requested.

### FOR PHYSICIAN USE

PLEASE COMPLETE ALL BOLD FIELDS

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Specimen Number/Bar Code: \_\_\_\_\_  
Test Number/Numbers: \_\_\_\_\_  
Test Name/Names: \_\_\_\_\_  
Specimen Date: \_\_\_\_\_ Dx. Code: \_\_\_\_\_ Medicare Patient? Yes \_\_\_\_\_ No \_\_\_\_\_  
Office Fax Number: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN(OR AUTHORIZED DESIGNEE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

FAX COMPLETED FORM TO: 908-275-1043 MEDICON CLIENT SERVICES DEPT

Please check here if you would like fax confirmation that request has been received and is in process

Please be advised that you will be notified via fax if we are unable to process you add-on request.

## FOR MEDICON USE ONLY

Test could not be added:

Quantity not sufficient \_\_\_\_\_ Already discarded \_\_\_\_\_ Too old for viable results \_\_\_\_\_  
Other: \_\_\_\_\_

Depending upon the type of specimen, samples are usually held from 2-10 days.

FORM MUST BE COMPLETED IN ITS ENTIRETY OR PROCESSING OF REQUEST

This document contains private and confidential health information protected by State and Federal Law.

If you have recieved this document in error, please call 908-275-1033.