



Medicon Clinical Laboratory  
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## 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 your 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 received this document in error, please call 908-275-1033.**