



ATHOL HOSPITAL | HEYWOOD HOSPITAL | HEYWOOD MEDICAL GROUP | QUABBIN RETREAT

LABORATORY DEPARTMENT REQUEST FOR ADD-ON TESTING

The United States Code of Federal Regulations requires a written and signed request to be forwarded to our laboratory when additional testing is requested.

Form must be completed in its entirety and signed by authorized designee in order to expedite request. Missing and/or incomplete information may result in delay of processing request.

Fax completed form to 978-630-6489

or

Send confidential email to: Heywoodlab@heywood.org

For Client Use

Patient name: _____

Date of Birth: _____

Specimen date: _____

Original Testing Location: ATHOL / HEYWOOD (circle one)

Add test name(s): _____

Ordering Provider (Print Name): _____

Call Back Phone: _____

Authorized Signature: _____

Date: _____

For Lab use only

Test could not be added:

QUANTITY NOT SUFFICIENT:

DISCARDED:

TOO OLD FOR RELIABLE ANALYSIS:

OTHER: _____