



# Test Add On Request Form

**PLEASE CALL THE LAB FIRST! to add additional test(s): (833)-4UNILAB ext. 182**

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Person Requesting: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Your signature confirms additional test(s) ordered listed below\*\*

**Please Note: The United States Code of Federal Regulations requires a written and signed request be forwarded to a laboratory following a verbal order of a laboratory test.**

**Fax Completed Form to 954-797-9494 or email: [support@unilabhealth.com](mailto:support@unilabhealth.com).**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Additional Test(s) Ordered: \_\_\_\_\_

Billing Type: ( ) Client ( ) Insurance DX Code \_\_\_\_\_ ( ) Other \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

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## FOR UNILAB INTERNAL USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed Date/Time: \_\_\_\_\_

Comments: \_\_\_\_\_