

# CENTRA CARE Laboratory Services

## Request for Laboratory Testing Changes

This form is to be used to request new testing or services as well as to request a change to current testing. Please include contact information so that we may effectively communicate follow-up to the request.

**Date of Request:** \_\_\_\_\_

**Test/Service Requested:**

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**Purpose for Testing/Service:** *How will it be used?*

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**Reference Material:**

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**Requested Test Turnaround Time: (√) pick one**

\_\_\_\_\_ 1 week                  \_\_\_\_\_ 2-3 days                  \_\_\_\_\_ daily  
\_\_\_\_\_ (    ) hour(s)                  \_\_\_\_\_ (    ) min(s)                  \_\_\_\_\_ other: *(specify)* \_\_\_\_\_

**Estimated Expected Volumes per year:** \_\_\_\_\_

**Suggested Method of testing (if known):** \_\_\_\_\_

**Requesting Physician/Caregiver:** \_\_\_\_\_

**What is the best way to contact you?**

Day/Time

\_\_\_\_\_ **e-mail:** *(address)* \_\_\_\_\_

\_\_\_\_\_ **pager:** *(#)* \_\_\_\_\_

\_\_\_\_\_ **phone:** *(#)* \_\_\_\_\_

\_\_\_\_\_ **other:** *(specify)* \_\_\_\_\_

**Please submit completed forms to:  
Kristi Enerson, Laboratory Technical Coordinator at the SCH site.**