Minor Report Correction & Pathogen Add-On Test Order Free Fill Form



Customer Care: 866-287-3218 Fax: 940-295-1483 www.HealthTrackRx.com

I, Jane Doe ted sample. This is to serve as a correction and/or as an a	request that the following information be corrected and/or tests (listed below) be added to the previously submitdendum to the originally submitted requisition and to each of the previous test orders originally submitted.
Patient Name (as it appears on the final report): Demo Hi	rxTest
Patient DOB (as it appears on the final report): 01/01/200	
Sample/Lab ID/Order Number: AB123456	
Please update the following tests to this sample*:	Add-OnReplaceDelete *required
Orders must be specifically listed either by compound, pa **Signature of the ordering provider is REQUIRED for upo	athogen, or specific gene you wish to have added. If you need additional room, please submit a corrected requisition ating test orders
Correct the following Patient/Sample Demographi	es:
Patient Name is/should be corrected to:	
Patient DOB is/should be corrected to:	
Patient Gender is/should be corrected to:	
Sample Date-of-Collection is/should be corrected to	
Sample swab site is/should be corrected to: URINE (
	the patient and you, or client, Laboratory regulations and good laboratory practice require proper identification of all
THE FOLLOWING INFORMATION WILL APPEAR ON TH	E REPORT:
Physician/Clinician name, the name of the sample, and th the results. The Physician/Clinician agrees to assume res	e message "Sample received unlabeled or with a name discrepancy. The Physician/Clinician has authorized the release c consibility of sample identification.
Other correction to be made (please describe):	
Update facility to HealthTrackRx of Georgia	
Ordering Provider Name (printed):	
Ordering Provider Name (signed):	
Date: 1/24/24	

CUSTOMER FULFILLMENT Fax: 940-295-1483 Email: customer@healthtrackrx.com

**Signature of the ordering provider is REQUIRED for updating test orders