

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



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

I,  request that the following information be corrected and/or tests (listed below) be added to the previously submitted sample. This is to serve as a correction and/or as an addendum to the originally submitted requisition and to each of the previous test orders originally submitted.

**Patient Name** (as it appears on the final report):

**Patient DOB** (as it appears on the final report):

Sample/Lab ID/Order Number:

**Please update the following tests to this sample\*:**  **Add-On**  **Replace**  **Delete** \*required

Orders must be specifically listed either by compound, pathogen, or specific gene you wish to have added. If you need additional room, please submit a corrected requisition

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

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Correct the following Patient/Sample Demographics:**

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:

Accurate specimen identification is in the best interest of the patient and you, or client. Laboratory regulations and good laboratory practice require proper identification of all specimens.

**THE FOLLOWING INFORMATION WILL APPEAR ON THE REPORT:**

Physician/Clinician name, the name of the sample, and the message "Sample received unlabeled or with a name discrepancy. The Physician/Clinician has authorized the release of the results. The Physician/Clinician agrees to assume responsibility of sample identification.

**Other correction to be made (please describe):**

---

---

---

---

**Ordering Provider Name (printed):**

**Ordering Provider Name (signed):**

**Date:**

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

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

