Minor Report Correction for FDA-Approved Test Kits

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

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I, previously submitted sample. This is to serve as a corr orders originally submitted.	request that the following information be corrected and/or tests (listed below) be added to the rection and/or as an addendum to the originally submitted requisition and to each of the previous test
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 *required
Orders must be specifically listed either by compound, patho **Signature of the ordering provider is REQUIRED for updatin	ogen, or specific gene you wish to have added. If you need additional room, please submit a corrected requisition ng test orders
MULTITEST SWAB - SEXUAL HEA	ALTH ORAL/RECTAL SCREEN Sample Type: Oral, Rectal
Supported Test Combinations:	
• CT/NG	
🗌 Chlamydia trachomatis	
🗌 Neisseria gonorrhoeae	
PIPETTE - SEXUAL HEALTH SCREEN Sample Type: Urine Only	
Supported Test Combinations:	
 CT/NG (Chlamydia trachomatis, Neisseria gonorrhoeae) CGT (Chlamydia trachomatis, Neisseria gonorhoeae, Trichomonas vaginalis) 	
Trichomonas Vaginalis	
MULTITEST SWAB - COMMON VA	AGINITIS Sample Type: Vaginal Only
Supported Test Combinations:	
 BV, Vaginitis, and CT/NG 	 BV and CGT
BV and Vaginitis	 Vaginitis and CT/NG
BV and CT/NG	
BV (Lactobacillus spp., Gardnerella vag	;inalis, Atopobium vaginae)
Vaginitis (CV/TV) (Candida species group (C. albicans, C. tropicalis, C. parapsilosis, and C. dubliniensis), Candida glabrata, Trichomonas vaginalis)	
CT/NG (Chlamydia trachomatis, Neisse	ria gonorrhoeae)
Trichomonas vaginalis	
Updated Diagnosis Code(s):	
Ordering Provider Name (printed):	
Ordering Provider Name (signed):	Date:
** Signature of the ordering provider is REQUIRED for updating test orders SUBMIT TO CUSTOMER CARE AT:	

FAX TO: (940) 295–1483 or via EMAIL: customer@healthtrackrx.com

