

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



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

## MRC INSTRUCTIONS - MANDATORY

### PAGE 1

1. Fill in Office Contact Name, Title, and Phone number in field 1.
2. Fill in the patient name in field 2 exactly as it appears in on the final report.
3. Fill in patient's date of birth (DOB) in field 3
4. Fill in the appropriate lab accession number in field 4. (lab accession number found in top right of results)
5. Choose whether this is an add-on, replacement, or deletion of order in field 5.
6. Choose either the full panel or individual pathogens within panel, then the swab site and the antibiotic resistant genes. You may only choose from one whole panel.

### PAGE 2

1. Update ICD code as necessary in field 6.
2. Print ordering provider's name in field 7.
3. Ordering provider must leave a signature in field 8.
4. Fill out the date in field 9.
5. Submit paperwork to HealthTrackRx via fax at (940) 295-1483, or via email at [customer@healthtrackrx.com](mailto:customer@healthtrackrx.com)

1	Office Contact Name	<input type="text"/>	
	Office Contact Title	<input type="text"/>	Phone Number <input type="text"/>

## THE FOLLOWING FIELDS MUST BE FILLED OUT BEFORE SUBMITTING PAPERWORK

The Office Contact, listed above, requests 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): 2

**Patient DOB** (as it appears on the final report): 3  **Lab Accession Number:** 4

**Please update the following tests to this sample:** 5  Add-On  Replace  Delete

Orders must be specifically listed either by panel, pathogen, or specific gene you wish to have added. \*\*Signature of the ordering provider is REQUIRED for updating test orders

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

Patient Name should be corrected to:

Patient DOB should be corrected to:

Patient Gender should be corrected to:

Sample Date-of-Collection should be corrected to:

Sample swab site 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.

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

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**Updated Diagnosis Code(s):**

6

**Ordering Provider Name (printed):**

7

**Date:**

8

**Ordering Provider Name (Signed, stamp signature not accepted):**

9

**\*\*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](mailto:customer@healthtrackrx.com)**

Listed ICD-10 codes are those commonly received by HealthTrackRx for the specified testing; however, it is not a comprehensive list, and an ICD-10-CM book should be used as a complete reference. It is the responsibility of the ordering healthcare provider to determine and provide the most appropriate diagnosis code(s) based on the patient's signs and symptoms as documented in the patient's medical record. HealthTrackRx makes no recommendation regarding the use of any diagnosis code(s)

