

Additional/Add-on Laboratory Test Request

Fax to the Hospital Laboratory most likely to have your patient's specimen(s):

Corewell Health Reference Lab West & Advanced Technology Lab Grand Rapids: 616.267.2751	Corewell Health Ludington: 231.845.2292
Corewell Health Big Rapids: 231.592.4304	Corewell Health Pennock: 269.945.5244
Corewell Health Gerber: 231.924.1167	Corewell Health Reed City: 231.832.2154
Corewell Health Greenville: 616.225.9202	Corewell Health Watervliet: 269.983.1904
Corewell Health Lakeland St. Joseph: 269.983.1904	Corewell Health Zeeland: 616.748.8730
Corewell Health Lakeland Niles: 269.983.1904	

Today's date:	
Patient's Full Legal Name:	
Patient's Date of Birth:	
CH Medical Record Number (if known):	
Date of Original Testing / Collection:	
Original Order Entered into Epic or EMR interface (eSHare)?	(Electronic Order) Yes: _____ No: _____
Additional Test(s) Requested*:	
Additional Diagnosis or ICD-10 Code as indicated:	
Ordering Provider Full Name:	
Contact Person at Office Name:	
Contact Person at Office Email: (optional)	
Office Phone Number:	
Office Fax Number:	
Ordering Provider Signature:	

***Note:** The following tests do not allow for add-on orders please refer to the lab catalog for more information. **This list is not comprehensive and does not include every test name.**

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|-----------------------------------|--------------------------------------|---|
| • CEA Level | • Hepatitis C Antibody Screening | • Procalcitonin |
| • Folate Level | • Hepatitis Panel | • Parathyroid Hormone Intact |
| • Hepatitis A IgM Ab Level | • HIV 1/2 Antibody & Antigen, Screen | • PSA Free & Total, Screening, or Symptomatic |
| • Hepatitis B Core Total Antibody | • HIV 1/2 Antibody & Antigen, Diag. | |
| • Hepatitis B Surface Antigen | • HIV Quick Test | |
| • Hepatitis B Surface Antibody | • LDH Blood Level | |

Each add-on request will be investigated by lab for appropriateness. If the specimen is still viable and allows for add-on testing, it will be completed, and results will be sent. If the specimen is not available or not appropriate, a call will be made by Laboratory Staff to alert Clinicians that a new specimen is required.

LAB PROCESSING STAFF: If the original specimen was ordered by a client bill submitter, an add-on should only be allowed or approved from the original client (submitter) that ordered the test.

NOTE: FOR MEDICARE PATIENTS, ATTACH COMPLETED ABN FORM CMS-R 131 AS NEEDED.

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