

Additional/Add-on Laboratory Test Request

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

Spectrum Health Regional Lab (SHRL) & Advanced Technology Lab (ATL)			
Grand Rapids: 616.267.2751			
Big Rapids:	231.592.4304	Pennock:	269.945.5244
Gerber Memorial:	231.924.1167	Reed City:	231.832.2154
Kelsey:	989.352.7855	United:	616.225.9202
Ludington:	231.845.2292	Zeeland Community:	616.748.8730

Today's date:	
Patient's Full Legal Name:	
Patient's Date of Birth or SSN:	
SH Medical Record Number (if known):	
Date of Original Testing / Collection:	
Original Order Entered into eShare/EPIC:	(Electronic Order) Yes: _____ No: _____
Additional Test(s) Requested*:	
Additional Diagnosis (ICD-10 code) as indicated:	
Ordering Provider Full Name:	
Ordering Provider Signature:	
Contact Person at Office Name:	
<i>Contact Person at Office Email (optional)</i>	
Office Phone Number:	
Office Fax Number:	

***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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| <ul style="list-style-type: none"> • CEA Level • Folate Level • Hepatitis A IgM Ab Level • Hepatitis B Core Total Antibody • Hepatitis B Surface Antigen • Hepatitis B Surface Antibody | <ul style="list-style-type: none"> • Hepatitis C Antibody Screening • Hepatitis Panel • HIV 1/2 Antibody & Antigen, Screen • HIV 1/2 Antibody & Antigen, Diag. • HIV Quick Test • LDH Blood Level | <ul style="list-style-type: none"> • Procalcitonin • Parathyroid Hormone Intact • PSA Free & Total • PSA Screening • PSA Symptomatic • PSA Symptomatic Reflex |
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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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