

## Laboratory Test Cancellation

*Fax to the Central Fax Line for your patient's region*

Fax Number ( <b>West</b> ): <b>616.774.7696</b>
Fax Number ( <b>South</b> ): <b>269.983.1904</b>

Today's date:	
Patient's Full Legal Name:	
Patient's Preferred Name or MRN:	
Patient's Date of Birth:	
Interface Order Number (if known):	
Date of Order Entry:	
Original Order Entered into EMR:	(Electronic Order) Yes: ____ No: ____
Original Order Entered into Epic:	(Electronic Order) Yes: ____ No: ____
Test(s) Requested to be Cancelled:	
Reason for Cancellation:	
Office Name:	
Ordering Provider Name:	
Contact Person at Office:	
Office Phone Number:	
Office Fax Number:	

**Cancellation of order must be made before receipt of specimen.**

**If you are unsure of the status of an order, please call:**

**West:** 616.774.5600

**South:** 269-983-8311 ext 1

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