



**REQUEST TO ADD TESTS
TO PREVIOUSLY TESTED SAMPLES**

NEW LONDON HOSPITAL LABORATORY 273 County Road, New London, NH 03257

Requests for testing must be received in writing. Please use this form to request tests that you would like added to previously tested samples.

Instructions:

- Run ABN check- If required, tests CANNOT be added. Do not send request. -Please complete this form
- Fax it to the laboratory at 526-5381

The laboratory will determine specimen suitability and notify you within 24 hours if they cannot be performed.

REGISTRATION USE	VISIT ID #
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COMPLETED BY PROVIDER'S OFFICE	
PATIENT NAME	
DATE OF BIRTH	
DATE OF SPECIMEN COLLECTION	
REQUESTING PROVIDER SIGNATURE	
ADD-ON TESTS REQUESTED	
DIAGNOSIS	
MEDICARE PATIENTS	<input type="checkbox"/> ABN check run and is not required. (please initial on line)

FOR LABORATORY USE ONLY	
DATE AND TIME ADD ON ORDER RECEIVED	
ADD ON ORDER RECEIVED BY	
ABN CHECK: Initials present above. (If not present, contact office.)	
CHECK ONE BELOW	
THE SAMPLE IS SUITABLE AND WILL BE TESTED _____ If the visit is in "billed" status, order the required tests and notify the lab director so that the tests can be charged manually. Make a copy and send to medical records for coding. Make sure the visit ID is on this form.	
THE SAMPLE IS NOT SUITABLE AND WILL NOT BE TESTED _____ REASON _____ Fax this form to the provider within 24 hours of receipt.	