



Test Add-On Request Form

Please fill out the required information below and send form back to:
accessioning@unilabflorida.com OR fax it to 954-797-9494

Date: _____ Time: _____

Client Name: _____ Account #: _____

Phone: _____ Fax: _____

Patient Name: _____ Date of Birth: _____

Accession # _____ Date of Service: _____

Additional Test(s) Ordered: _____

Billing Type: Client Bill Insurance ICD 10 Code: _____

Requested By: _____ Signature*: _____

*Your signature confirms additional test(s) ordered
The United States Code of Federal Regulations requires a written and signed request be forwarded to a laboratory following a verbal order of a laboratory test.

FOR INTERNAL USE ONLY

Unilab Employee: _____ Added by: _____

Fax Attempt #1: _____ #2 _____ #3 _____