



Please complete this form for any desired lab order that is to be attached to an existing patient specimen. If the specimen is not available, or we are otherwise unable to perform the requested test, lab personnel will notify your office.

NOTE: Only specimens less than 48 hours old are accepted to ensure optimum specimen integrity.

Patient Name	Date of birth	SS#
Date of collection	Date of current request	
Specimen collected at	<input type="checkbox"/> Physician office (<i>LRLAB</i>) <input type="checkbox"/> Laboratory (<i>LLAB</i>)	
Physician Name	Copy of report to	
Physician Signature		
Test(s)	Diagnosis (ICD-10 code)	

Please fax to the following location:

Liberty Street Lab	Fax: 333-5469	Lab processor's initials
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