MUNSON HEALTHCARE
Laboratories

LABORATORY TEST ADD-ON REQUEST

Request to Add Laboratory Testing to an existing specimen. Complete and Fax to (231) 935-7389

PATIENT & SPECIMEN INFORMATION

Patient Name:	**Date of Birth:**	**Collection Date:**
_____	_____	_____

REQUESTED ADD-ON TEST(S)

Test Requested	Priority
_____	☐ Routine ☐ STAT
_____	☐ Routine ☐ STAT
_____	☐ Routine ☐ STAT
Ordering Provider _____ **Request Submitted by** _____	

LABORATORY ORDER LOCATION [*A signed laboratory order is required before processing*]

☐ **Faxed to 231-935-7389** ☐ **Submitted Electronically from clinic EHR** ☐ **Ordered in Power Chart**

RECOLLECTION PREFERENCE

☐ **RECOLLECT. If the requested testing cannot be performed on the existing specimen due to specimen/laboratory limitations, please proceed with recollection of a new specimen.**

☐ **DO NOT RECOLLECT. Notify provider if testing cannot be completed on the existing specimen.**

LABORATORY USE ONLY

REQUEST/RECOLLECTION STATUS		
☐ Add-On Testing Completed	☐ Partially Completed _____	☐ Unable to Complete
If Unable to Complete/Partially complete, Reason**:** ☐ Stability Exceeded ☐ QNS ☐ Invalid Specimen Type ☐ Other: _____		
☐ Recollection Ordered/Patient Notified	☐ Recollection Not Authorized/Provider Notified	

Laboratory Staff Completing Request _____ Date _____Time_____

Last Updated 11/8/2026