



LAC+USC Medical Center - Laboratory and Pathology

## MICROBIOLOGY LABORATORY ADD-ON TEST VERIFICATION FORM

Add-On Test Requested By (required): \_\_\_\_\_

Requestor Contact No. (Required): \_\_\_\_\_

FAX No. of Requestor (if applicable): \_\_\_\_\_

*Federal Regulation #493.1101 requires written authorization for all laboratory add-on to be submitted within 30 days of the verbal request*

Your signature verifies that the information below is correct for the test you wish to add-on

Patient Name: \_\_\_\_\_

Patient Medical Record Number: \_\_\_\_\_

Specimen Source: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Previous Test Requested (include Accession No.): \_\_\_\_\_

Test Requested to be Added: \_\_\_\_\_

Physician's authorization signature:

\_\_\_\_\_

Please FAX this form back to the Microbiology Lab at (323) 441-8106  
Or transport form using pneumatic station #270 or #370

Add-on test request call taken by and read back by (Initial, Date and Time):

\_\_\_\_\_