

In order for your add-on request to be processed in a timely manner, **PLEASE FILL OUT IN ITS ENTIRETY AND SIGN THIS FORM** then fax att: Ammon Client Services / Diane or Vickie at **(908) 862-0605**.

Test Add-on request form

* Required fields

Requester's Informations

Requester's full name * _____

Date of request * _____

Facility or Client Number * _____

Contact phone number * _____ Contact email address * _____

Patient's Informations

Patient First name * _____

Patient Last name * _____

Patient Date of birth * _____ Collection Date * _____

Accession number * _____

Test request *

Retest (Re-screen)

Confirmation by GC-MS or LC-MS

Add Test Screen

Test * _____

Comments _____

Provider Signature * _____