



Report Revision Request

Fax Completed Request to CellNetix: 206-215-5935 or 866-721-9696

Client:

Ordering:

Client Fax Number:

Client Telephone Number:

Incorrect patient attached to specimen at time of submission

IF THIS BOX IS CHECKED, THEN A NEW REQUISITION WITH CORRECT PATIENT DEMOGRAPHICS IS REQUIRED

Patient Name:

Laboratory Accession Number:

Laboratory personnel – Please revise the following item(s), as documented by Client:

Collection Date

Ordering Physician

Specimen Source

Clinical History

Patient Name

Patient DOB

Patient Gender

Other (Describe)

Signature of Requester: _____

Email of Requester: _____

For Laboratory Use Only

Form # 00111 3.2011

Updated 10/17/2017

Completed and Imaged By:

Date: