CLIENT RESPONSE CENTER

FAX TO: (214) 237-1731

(NO COVERSHEET REQUIRED)

Test Add-on Request Form

Please perform the following test(s) on the case indicated below:

TEST	**ICD-10**
_____	_____ (Required)
_____	_____ (Required)
_____	_____ (Required)

Today's Date: _____

Client Account Number: _____

ProPath Accession #: _____

Date of Collection: _____

Patient Full Name: _____

Patient DOB: _____

Authorized Signature: _____

For assistance, please call the Client Response Center at (800) 258-1253.