



Test Add-on Request Form

Fax to Client Response Center: 214-237-1731

(NO COVERSHEET REQUIRED)

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 #: _____

Patient Full Name: _____

Authorized Signature: _____

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

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