



# Watauga Pathology Associates

## TEST ADD-ON/CANCELLATION REQUEST FORM

This form is a confirmation of your verbal test request to Watauga Pathology Associates on \_\_\_\_\_. Federal regulation (section 493.1241) requires written authorization for all order submitted to the laboratory within 30 days of the oral request. Please have a medical staff person sign below and return to Watauga Pathology Associates as soon as possible. Please call us at 423-431-1310 with any question. Thank you.

**Please fax back to: 423-431-1385**

Check one:       ADD-ON                       CANCELLATION

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Referring physician: \_\_\_\_\_

### Add-on Section:

Test(s) to be added: \_\_\_\_\_

Diagnosis for add-on assay: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Cancellation Section:

Test(s) to be cancelled: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_



For WPA use only:

Read back? \_\_\_\_\_ Added by: \_\_\_\_\_

Pathologist review required? \_\_\_\_\_ Block(s) selected: \_\_\_\_\_

Forwarded to: \_\_\_\_\_

Case Number: \_\_\_\_\_ Signature: \_\_\_\_\_