

ORDER CHANGE / RETURN REQUEST

Please check all boxes that apply: Add-On Cancellation Correction Return Specimen

Contact Information

By submitting this form I acknowledge that I am authorized to request the action(s) specified.

Account Name		Action Requested By	
Account #		Title	
Phone #		Department	

Order Information

Patient Name		Date of Birth	
Viracor Eurofins Accession #		Client Accession #	
Collection Date		Collection Time	

Test(s) to Add or Cancel

Test Code	Test Name	Add	Cancel
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>

Specimen Returns – Required Information

If you want a specimen returned, please provide the following details in the next section:

- Return address and if applicable to whose attention specimen should be directed
- Shipping temperature
- Your Federal Express account number

Correction / Specimen Return Information

Correction requested or specimen return information:

Request Routing and Confirmation

- **Fax form to 816-347-0143.**
- For assistance contact Client Services at 800-305-5198.
- Confirmation
 - Yes, I would like confirmation via e-mail that this request was received.
E-mail address: _____ @ _____
 - No thanks

To prevent delays in the processing of your request, please ensure that the information provided is complete.

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