

Find a Test Maintenance Request

Requester: _____ Phone #: _____ Today's Date: _____

Choose One: New Test _____ Existing Test _____ Remove a Test _____ Date Changes Go Into Effect: _____

For a new test, please fill out all applicable fields (* are mandatory). For an existing test, enter the fields which are changing.

Email completed request forms to findatest@wakemed.org.

SoftLab Name *			
Alternate name(s) (separate with a comma)			
Soft Order Code *		Epic Order ID:	
Tests Included (if a panel)			
Performed At *	In House _____ Ref Lab _____		
Sample type * (serum, whole blood, stool, etc.)		Collection Container *	
Collection Volume * (not testing volume)			
Minimum Collection Volume			
Storage or Stability *	Ambient _____ Frozen _____ Refrigerated _____		
Causes of rejection:			
Patient Preparation (schedule an appointment, pick up container, etc.)			
Special Instructions (pour off, protect from light, etc.)			
Other:			