



Meritus Medical Laboratory

11110 Medical Campus Road, Suite 230
Hagerstown, MD 21742
301-665-4900

Request for Add-On Testing

The United States Code of Federal Regulations **requires a written and signed request** be forwarded to our laboratory when additional testing is required.

For Physician Use
Must be completed or request cannot be fulfilled

Date _____ Your Fax Number for Confirmation _____

Practice or Physician's Name (please print) _____

Patient Name (please print) _____

Date of Birth _____ Collection Date _____

Add-On Test Names & Diagnoses

Test Name _____ Diagnosis (ICD-10) _____

Test Name _____ Diagnosis (ICD-10) _____

Test Name _____ Diagnosis (ICD-10) _____

***Signature of Provider (or authorized designee)**

Fax completed form to: 301-665-4949

For Lab Use Only

Test will be performed _____ QNS _____ Sample too old _____

Other _____

Depending upon the type of specimen, tests may be added-on for up to 4 days.

**FORM MUST BE COMPLETED IN ITS ENTIRETY OR REQUEST
CANNOT BE FULFILLED**