



8150 185th Street, Suite A  
Tinley Park, IL 60487  
Phone: (888) HEMATO 1 • Fax: (708) 444-0445

## TEST CANCELLATION & ADD-ON FORM

Client Name: \_\_\_\_\_  
Client Fax #: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Hematogenix Case#: \_\_\_\_\_  
Requested By: \_\_\_\_\_

Upon your verbal authorization on the above name case, HematoGenix Laboratory Services will cancel/add the following test(s).

Test(s) Cancelled:

- Cytogenetics \_\_\_\_\_
- Flow Cytometry \_\_\_\_\_
- FISH \_\_\_\_\_
- PCR \_\_\_\_\_
- OTHER \_\_\_\_\_

Test(s) Added:

- Cytogenetics (Karyotyping)
- FISH \_\_\_\_\_
- Flow Cytometry \_\_\_\_\_
- PCR \_\_\_\_\_
- OTHER \_\_\_\_\_

Please sign and date below and fax back to Hematogenix Laboratory Services at (708) 444-0445. Your signature authorizes Hematogenix Laboratory Services to bill the provider as indicated on the requisition.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Federal Regulation #493, 1105 requires written authorization for all laboratory test add-ons, to be submitted within 30 days of the verbal request to the referring laboratory.