



Add-On Test Form

To ensure any test being ordered on previous received specimen(s), do not exceed specimen's stability time.

Client Name:		Date:	
Patient Name:		Time:	
Accession #:		Requested By:	
Collection Date:			

Tests Requested for Add-On:		

Sample Storage Stability Ok Yes NO

Sample remaining volume ok Yes QNS

Received By: _____

Date: _____

Verified By: _____

Date: _____