

CLIENT ADD-ON FORM

1. Please call IRL Client Services at **703-645-6175** and inform the agent that you wish to add on a test. Please have the patient's name, DOB, and the date the tests were ordered available. The agent will let you know whether the test can be added on.
2. If the test can be added on, please fax this completed form to **703-645-6136**.

INFORMATION

1. TODAY'S DATE: _____
2. CLIENT NAME: _____
3. CLIENT PHONE #: _____
4. NAME OF PATIENT: _____
5. DATE OF BIRTH: _____
6. DATE OF ORIGINAL SPECIMEN SUBMITTED: _____
7. MEDICAL RECORD NUMBER: _____
8. TEST AND TEST CODE TO BE ADDED:
 - a. TEST NAME: _____
 - b. TEST CODE: _____
 - c. DIAGNOSIS (ICD-9): _____
(Please be specific)

Signature: _____

Printed Name: _____