

CLIENT / FACILITY ACTION REQUEST FORM

| CLIENT INFORMATION | | | |
|--|-------|---------------------|--|
| Date: | | | |
| | | | |
| Facility Name: | | | |
| Phone Number: | | | |
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| SPECIMEN INFORMATION | | | |
| Specimen ID/Accession Number: | | Date of Collection: | |
| Request: | | <u>I</u> | |
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| ACTION REQUEST AUTHORIZATION | | | |
| Client / Facility Representative Name (print): | Date: | | |
| Client / Facility Representative Signature: | | | |
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| ADDITIONAL COMMENTS | | | |
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