

How to fill out an MRC Free Fill Form

If you need to correct patient or specimen information, this is the form to use.

Fill out only if changing the panel being tested. Orders must be specifically listed by the whole panel you wish to have added or changed.

When deciding whether to Add-On, Replace, or Delete Testing:

- ▶ Select **Add-On** to add one whole panel within the same syndrome area.
- ▶ Select **Replace** when adding additional testing from a different syndrome area. The specimen type must be a validated swab site for the new panel.
- ▶ Select **Delete** if the order was placed in error.

We do not require physician name or signature when only modifying patient information or sample identifiers. The provider name and signature must be filled out when order changes are being made that alter pathogen or resistance genes being tested.

The signature must be a wet signature or e-signature. Printed or stamped signatures will not be accepted.

Must always be filled out with the Office Contact Name (Full name, or first initial and full last name), Office Contact Title, and Phone Number.

Must always be filled out with patient information from the existing order. The sample/lab ID/order number can be located on the original report.

SPECIMEN INFORMATION

Lab Accession Number: 13044771

Menu: Urinary Tract Infection

Specimen Type: Urine (voided)

Date Collected: 03/15/2026

Date Received by Lab: 03/16/2026

Date Reported: 03/16/2026

Cross Reference #:

Fill out when changing patient or sample information.

The completed form can be faxed to **940-222-2702** or emailed to mrsubmission@healthtrackrx.com.

Minor Report Correction & Pathogen Add-On Test Order Free Fill Form

Customer Care: 866-287-3218 Fax: 940-222-2702 HealthTrackRx.com

MRC INSTRUCTIONS - MANDATORY

PAGE 1

1. Fill in Office Contact Name, Title, and Phone number in field 1.
2. Fill in the patient name in field 2 exactly as it appears in on the final report.
3. Fill in patient's date of birth (DOB) in field 3.
4. Fill in the appropriate lab accession number in field 4 (lab accession number found in top right of results).
5. Fill in patients phone number in field 5.
6. Choose whether this is an add-on, replacement, or deletion of order in field 6.
7. Choose a panel, then the swab site in field. You may only choose one whole panel.

PAGE 1 (CONTINUED)

1. Update ICD code as necessary in field 7.
2. Print ordering provider's name in field 8.
3. Ordering provider must leave a signature in field 9.
4. Fill out the date in field 10.
5. Submit paperwork to HealthTrack via fax at (940) 222-2702, or via email at mrsubmission@healthtrackrx.com

Office Contact Name:

Office Contact Title: Phone Number:

THE FOLLOWING FIELDS MUST BE FILLED OUT BEFORE SUBMITTING PAPERWORK

The Office Contact, listed above, requests that the following information be corrected and/or tests (listed below) be added to the previously submitted sample. This is to serve as a correction and/or as an addendum to the originally submitted requisition and to each of the previous test orders originally submitted.

Patient Name (as it appears on the final report):

Patient DOB (as it appears on the final report): Lab Accession Number:

Phone Number:

Please update the following tests to this sample: Add-On Replace Delete

Orders must be specifically listed by the whole panel you wish to have changed.

**Signature of the ordering provider is REQUIRED for updating test orders

Correct the following Patient/Sample Demographics:

Patient Name should be corrected to:

Patient DOB should be corrected to:

Patient Gender should be corrected to:

Sample Date-of Collection should be corrected to:

Sample swab site should be corrected to:

Accurate specimen identification is in the best interest of the patient and you, our client. Laboratory regulations and good laboratory practice require proper identification of all specimens.

Other correction to be made (please describe):

Updated Diagnosis Code(s):

Ordering Provider Name (printed):

Ordering Provider Name (Signed, stamp signature not accepted):

Date:

****Signature of the ordering provider is REQUIRED for updating test orders**

SUBMIT TO CUSTOMER CARE AT:

FAX TO: (940) 222-2702 or via EMAIL: mrsubmission@healthtrackrx.com

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How to fill out an MRC Add-On Form

If you need a panel added to the original test order, this is the form to use.

Page 1

SPECIMEN INFORMATION

Lab Accession Number: 13044771
Menu: Respiratory Tract Infection
Specimen Type: Nasopharyngeal
Date Collected: 03/15/2026
Date Received by Lab: 03/16/2026
Date Reported: 03/16/2026
Cross Reference #:

Must always be filled out with patient information from the existing order. The sample/lab ID/order number can be located on the original report.

Urgent Care Minor Report Correction Add-On Test Order Form

Customer Care: 866-287-3218 Fax: 940-222-2702 HealthTrackRx.com

MRC INSTRUCTIONS - MANDATORY

PAGE 1

1. Fill in requestor's first and last name in field 1.
2. Fill in the patient name in field 2 exactly as it appears in on the final report.
3. Fill in patient's date of birth (DOB) in field 3.
4. Fill in the appropriate lab accession number in field 4 (lab accession number found in top right of results).
5. Fill in the appropriate phone number for the patient in field 5.
6. Choose whether this is an add-on, replacement, or deletion of order in field 6.
7. Choose a panel, then the swab site in field. You may only choose one whole panel.

PAGE 3

1. Update ICD code as necessary in field 7.
2. Print ordering provider's name in field 8.
3. Ordering provider must leave a signature in field 9.
4. Fill out the date in field 10.
5. Submit paperwork to HealthTrack via fax at (940) 222-2702, or via email at mrcsubmission@healthtrackrx.com

THE FOLLOWING FIELDS MUST BE FILLED OUT BEFORE SUBMITTING PAPERWORK

1. request that the following information be corrected and/or tests (listed below) be added to the previously submitted sample. This is to serve as a correction and/or as an addendum to the originally submitted requisition and to each of the previous test orders originally submitted.

Patient Name (as it appears on the final report):

Patient DOB (as it appears on the final report):

Lab Accession Number:

Phone Number:

Please update the following tests to this sample: Add-On Replace Delete

BY PROVIDING A MOBILE NUMBER, THE PATIENT CONSENTS TO RECEIVE TEXT MESSAGES FROM HEALTHTRACK. MESSAGE AND DATA RATES MAY APPLY. CONSENT IS NOT REQUIRED FOR SERVICE. PATIENTS MAY OPT-OUT UPON RECEIPT OF FIRST NOTIFICATION. VISIT WWW.HEALTHTRACKRX.COM/ONLINE-PRIVACY-POLICY.

Orders must be specifically listed by the whole panel you wish to have changed.

**Signature of the ordering provider is REQUIRED for updating test orders

RESPIRATORY TRACT INFECTION	Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Cough Sputum	WHITE TUBE
<ul style="list-style-type: none"> Adenovirus Bordetella pertussis, paraptussis, bronchiseptica Chlamydia pneumoniae 	<ul style="list-style-type: none"> Coronaviruses (229E, NL63, HKU1, OC43) COVID-19 Coronavirus (SARS-CoV-2) Enterovirus D68 	<ul style="list-style-type: none"> Human metapneumovirus Influenza virus A, B Mycoplasma pneumoniae Parainfluenza virus (types 1, 2, 3, 4) Respiratory syncytial virus Rhinovirus/Enterovirus
PANEL CODES INCLUDE PATHOGENS ABOVE AND ADDITIONAL PATHOGENS LISTED BELOW. ORDER USING ONLY THE CODE BELOW. IT INCLUDES THE BASE PANEL AND THE ADDITIONAL PATHOGENS LISTED.		
RTI - PERSISTENT	<ul style="list-style-type: none"> Haemophilus influenzae Moraxella catarrhalis 	Streptococcus pneumoniae
RTI - ATYPICAL PHARYNGITIS	Sample Type: Oropharynx/Throat/Oral ONLY	
<ul style="list-style-type: none"> Epstein-Barr Virus (Human Herpesvirus 4) 	<ul style="list-style-type: none"> Fusobacterium nucleatum, necrophorum 	<ul style="list-style-type: none"> Streptococcus dysgalactiae (Group C/G Strep)
PHARYNGITIS	Sample Type: <input type="checkbox"/> Oropharynx/Throat/Oral	WHITE TUBE
<ul style="list-style-type: none"> Adenovirus Chlamydia pneumoniae Coronaviruses (229E, NL63, HKU1, OC43) 	<ul style="list-style-type: none"> COVID-19 Coronavirus (SARS-CoV-2) Enterovirus D68 Human metapneumovirus 	<ul style="list-style-type: none"> Influenza virus A, B Mycoplasma pneumoniae Parainfluenza virus (types 1, 2, 3, 4) Respiratory syncytial virus Rhinovirus/Enterovirus Streptococcus pyogenes (Group A Strep)
PANEL CODES INCLUDE PATHOGENS ABOVE AND ADDITIONAL PATHOGENS LISTED BELOW. ORDER USING ONLY THE CODE BELOW. IT INCLUDES THE BASE PANEL AND THE ADDITIONAL PATHOGENS LISTED.		

Fill out only if changing the panel being tested.

When deciding whether to Add-On, Replace, or Delete Testing:

- ▶ Select **Add-On** to add one whole panel within the same syndrome area.
- ▶ Select **Replace** when adding additional testing from a different syndrome area. The specimen type must be a validated swab site for the new panel.
- ▶ Select **Delete** if the order was placed in error.

It is important to check the box for the swab site that was originally tested.

If any additional diagnosis need to be included, they can be added here.

This section **must always** be filled out. Provider signature must be a wet signature or an e-signature. Printed or stamped signatures will not be accepted.

Updated Diagnosis Code(s):

Ordering Provider Name (printed):

Ordering Provider Name (Signed, stamp signature not accepted):

Date:

**Signature of the ordering provider is REQUIRED for updating test orders SUBMIT TO CUSTOMER CARE AT: FAX TO: (940)-222-2702 or via EMAIL: mrcsubmission@healthtrackrx.com

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