

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

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.

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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

1 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): 2

Patient DOB (as it appears on the final report): 3 Lab Accession Number: 4

Phone Number 5

Please update the following tests to this sample: 6 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

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.

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):

7

Ordering Provider Name (printed):

8

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

9

Date:

10

**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