**Missing Information Request Form**

Please email to holds@infiniti-labs.com for processing

# Accession Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_

**Indicate Reason for Change (Please check)**

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| |  |  | | --- | --- | | Missing Information | Proposed Solution | | * No Physician Provided | Statement specifying physician associated with patient | | * No Collection Date | Statement specifying collection date | | * 2 Samples, 1 Requisition | Second requisition form or permission to discard one sample | | * Incorrect Order for Specimen Type | Statement to clarify which specific tests to run on sample | | * Missing Demographics | Copy of insurance card **AND** government issued ID | | * No Tests Marked | Requisition form with provider’s signature and test(s) specified | | * Doctor Not in Copia | Send in result sharing form with doctor NPI | | * DOB Mismatch | Statement verifying correct DOB for patient | | * Insufficient ID on Sample | Statement to run sample as received with no ID | | * Duplicate Collection Date | Statement to run samples as received with reason for duplicate testing or permission to discard one sample | | * No Order for Sample (online or paper) | Submit requisition or online order and give online order # | | * No DOA for WC/Auto Insurance | Statement specifying date of incident | | * No Medical Necessity Indicated | Statement specifying which medical necessity to indicate | | * Wrong Requisition Form (another lab) | Submit appropriate requisition or online order and give order # | |  |
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**Resolution**

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Additional Documents Attached

Yes No

Form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_