**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_