

Missing Information Request Form

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

Accession Number: _____ Last Name: _____ DOB: _____

Indicate Reason for Change (Please check)

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

Resolution

Additional Documents Attached

Yes No

Form Completed By: _____ Date: _____ Title: _____