

## REQUEST FOR CHANGE TO TEST REPORT

<b>PH Laboratory Use Only</b>
Amendment Date: _____ Initials: _____

**Please fax the completed form to the RUHS DOPH Lab: (951) 358-5015**

<b>Site Name</b>			
<b>Submitter Address</b>			
<b>Requestor's Name</b>		<b>Contact Number</b>	
<b>Date of Request</b>		<b>Authorized Person Name</b>	

### CHANGE REQUESTED FOR FINAL REPORT AMENDMENT

State requested change. Include patient name and DOPH laboratory accession number.

Changes that *can be made* provided the request is made by an **authorized person** from your facility and received by the laboratory in writing via fax:

- A test may be added if there is sufficient specimen available.
- The time or date of collection may be added or changed.
- Changes in demographics information may be made.

*An "authorized person" means an individual authorized under State law to order tests or receive test results, or both.*

<b>AUTHORIZED PERSON SIGNATURE/DATE:</b>	
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<b>RUHS PHL Comments:</b>
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