



Clinical Science
Laboratory, Inc.

51 Francis Avenue, Mansfield, MA 02048
Tel 508.339.6106 Fax 508.339.3540

Additional Test Request Form

Account/Clinic Name: _____

CSL Accession Number: _____

Patient Identification: _____

Date of Sample: _____

Patient Medications: _____

Additional Test(s) Requested:

Test Name

- | | | | |
|------------------------------|---------------------------------|----------------------------------|-------|
| <input type="checkbox"/> Add | <input type="checkbox"/> Retest | <input type="checkbox"/> Confirm | _____ |
| <input type="checkbox"/> Add | <input type="checkbox"/> Retest | <input type="checkbox"/> Confirm | _____ |
| <input type="checkbox"/> Add | <input type="checkbox"/> Retest | <input type="checkbox"/> Confirm | _____ |
| <input type="checkbox"/> Add | <input type="checkbox"/> Retest | <input type="checkbox"/> Confirm | _____ |
| <input type="checkbox"/> Add | <input type="checkbox"/> Retest | <input type="checkbox"/> Confirm | _____ |

Note: Retests are performed by the same method as the original test;
Confirmations are performed by an alternate method.

Requested/Authorized By: _____

Telephone Number: _____

Please remember that Clinical Science Laboratory retains specimens for 14 days after the specimen was received at CSL. We will make every effort to fulfill your requests as specimen volume allows. Allow a minimum of 48 hours for confirmatory testing. Please feel free to call with any additional questions or concerns.