



VERMONT DEPARTMENT OF HEALTH LABORATORY
PHYSICAL ADDRESS: 359 SOUTH PARK DRIVE
COLCHESTER, VT , 05446
MAILING ADDRESS: P. O. Box # 1125
BURLINGTON, VT 05402-1125
(802) 338-4724 OR (800) 660-9997 (VT ONLY)

Request For Additional Clinical Testing

To:	
DATE:	
PATIENT:	
STATE HEALTH DEPT NO:	
ORIGINAL TEST REQUEST:	

We recently received a telephone request from your office regarding the above specimen requesting that we perform the following additional test(s):

In accordance with 42CFR Part 493 (CLIA), all telephone requests for clinical laboratory tests must be followed up in writing within thirty (30) days.

Please sign in the space below acknowledging that this information is correct and return to the laboratory by faxing to (802) 338-4706

Thank you for your cooperation.

HEALTH CARE PROVIDER (OR DESIGNEE)	
PRINTED NAME:	
SIGNATURE:	
DATE:	