



Diagnostics
3636 Boulevard of the Allies
Pittsburgh, PA 15213-4306

412-209-7270
1-800-967-9672
Fax: 412-209-7275

Add-On Authorization

CLIA regulations require that a clinical laboratory obtain written authorization subsequent to oral requests for additional laboratory tests. Additional testing has been requested by the physician or your laboratory.

Please sign and date this form as your written authorization for the addition of the testing and subsequent billing.

Attention: _____ Date: _____

Client account Name / Number: _____

The following tests were added to an existing order at the request of _____

Sample ID # _____ Collection Dt/Tm of original order: _____

Patient Name / ID #: _____

Tests requested to be added:

Test Code	Test Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorizing signature: _____ Date: _____

Please FAX this form to **412-209-7275** or mail to
COSS - Add-on
ITxM Diagnostics
3636 Boulevard of the Allies
Pittsburgh, PA 15213