

REQUEST FOR CHANGE TO TEST REPORT

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

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

Site Name			
Submitter Address			
Requestor's Name		Contact Number	
Date of Request		Authorized Person Name	

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 **ONLY** to correct misspellings and typographical errors.

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

***ALL OTHER CHANGES REQUIRE RUHS DOPH LAB DIRECTOR APPROVAL**

AUTHORIZED PERSON SIGNATURE/DATE:	
*RUHS PHL DIRECTOR SIGNATURE/DATE:	