

Please submit to: holds@infiniti-labs.com

Report Correction Request

Please submit to holds@infiniti-labs.com for processing

Accession Number: _____ **Last Name:** _____ **Date:** _____

Indicate Reason for Change (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Update Patient Name | <input type="checkbox"/> Update Provider |
| <input type="checkbox"/> Update DOB | <input type="checkbox"/> Update Location |
| <input type="checkbox"/> Update Collection Date | <input type="checkbox"/> Update Practice |
| <input type="checkbox"/> Update Medications | <input type="checkbox"/> Update Test(s) Ordered |
| <input type="checkbox"/> Other: _____ | |

Additional Comments

Additional Documents Attached

Yes No

Notes

Form Requested By: _____ Title: _____

Lab Use Only

Date Completed: _____ Updated By: _____ LE OE HT

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