**Test Catalog Request Form**

**Test Name** (as to listed in Catalog)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test Status:** € New Test € Revision to Current Test

Complete the following information for each new test to be added or as appropriate for revisions:

|  |  |
| --- | --- |
| **Test Epic Code:**  |  |
| **Specimen Requirement:** |  |
| **Specimen Stability:** |  |
| **Testing Schedule:** |  |
| **Reference Range:** |  |
| **Testing Department:** |  |
| **Method:** |  |
| **CPT Code:** |  |
| **Special Instructions / Notes to Requester:** |  |
| **Additional Testing Locations:** |  |
| **Alternate Test Names / Abbreviations** |  |
| **Other Information:** |  |

**Entry Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**