RETEST REQUEST FORM

ACCOUNT INFORMATION			
Account Number	Contact Name	Con	tact Title
Date	Phone Number	Em	ail
ACCESSION NUMBER	LIST EACH DRUG OR PANEL TO BE TESTED*		
*Testing will be performed according to your agency's testing profile.			
ACCOUNT INFORMATION			
I understand/acknowledge that appropriate charges will be made for all retest requests.			
Printed Name		Signature (Required)	
Please fax completed form back to Client Services at 707-577-0365.			

