



POST ORDER AUTHORIZATION

Testing will be performed only at the written request of an authorized contact.

COMPANY INFORMATION

Date requested: _____

Company: _____

J2 Account #: _____

Requested by: _____

Phone Number: _____

PATIENT INFORMATION

Patient's Name: _____

Date of original collection: _____

Accession number: _____

The accession number can be located in the upper right area of the original result [Acc #]

Specimen Type: Urine Oral Fluid Blood

TEST(S) TO BE POST ORDERED

Test(s) to be performed:

Additional instructions: [please specify clearly]

AUTHORIZATION

In order to expedite this request, J2 Laboratories must receive a written request by an authorized contact on the account. By signing below or by submitting this request electronically, you are affirming that you are an authorized contact and accept responsibility for the requested testing.

Click the appropriate box below:

Signed By Date

LABORATORY USE ONLY

Date received:

CSR:

Requested by an authorized contact? Yes No

Proceed with testing? Yes No