

Laboratory Test Directory Change Form

Submitter Name:	Date:
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Submitter Location:	Submitter Email:
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<input type="checkbox"/> New Page	<input type="checkbox"/> Update to Existing Page	<input type="checkbox"/> Delete Page
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Collection

Test Name		Performing Lab(s)	
Alias (Epic EAP)		Performed (Testing Schedule)	
Storage/Transport Temperature		Minimum Volume	
Stability		Collect	
Unacceptable Conditions		Remarks	
Other Acceptable Specimen(s)		Patient Preparation	
Reported (TAT)		Ordering Recommendations	
Specimen Preparation			

Result Interpretation

Reference Interval		Interpretive Data	
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Methodology	
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Administrative

CPT Code(s)		Synonym(s)	
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Responsible Party (Technical Team)			
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