Laboratory Test Directory Change Form

Submitter Name:	Date:
Submitter Location:	Submitter Email:

☐ New Page	☐ Update to Existing Page	☐ Delete Page

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

Result Interpretation			
Reference Interval:		Interpretive Data:	
Methodology:			

Administrative			
CPT Code(s):		Synonyms:	

Email completed form as an attachment to: LabCatalogChangeReqTeam@HealthPartners.Com