Inova™

Inova Laboratories

Client Add-On Form

1. Please call IL Client Services at 703-645-6175 and inform the agent that you wish to add on a test. Please have the patient's name, DOB, and the date the tests were ordered available. The agent will let you know whether the test can be added on.
2. If the test can be add on, please fax this completed form to 703-645-6136 or email to ILClientServices@inova.org.

1. Today's Date: _____
2. Client Name: _____
3. Client Phone #: _____
4. Name of Patient: _____
5. Date of Birth: _____
6. Date of original specimen submitted: _____
7. Medical record number: _____
8. Test and Test code to be added
    a. Test Name: _____
    b. Test Code: _____
    c. Diagnosis Code: _____
9. Was the sample sent in the original collection container or aliquot transport container?
    - ❑ Original collection container
    - ❑ Aliquoted transport container

Signature: _____

Printed Name: _____