



SPECIMEN REQUISITION FULFILLMENT FORM

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LUMEA APPROVAL

NAME	TITLE	SIGNATURE	DATE
Matthew O. Leavitt, M.D.	Medical Director		
Kyron Nielsen	Laboratory Manager		
Jana Rasmussen	Compliance Manager		

NOTE: Copies of this document are located in

- 1) Laboratory TEMPLATES Binder*
- 2) LUMEA.org Website under Resources Tab*



Specimen Requisition Fulfillment Form

P: 801-960-3658
F: 844-266-9834

PATIENT INFORMATION

Patient Name (last, first, middle)	Birthdate (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Procedure date (MM/DD/YYYY)
Performing Physician	Performing Clinic	Accession Number	

REQUEST INFORMATION

Requesting Entity	Organization Name	Contact Name	Phone	Fax
	Address		Email	
Entity Type	<input type="checkbox"/> Patient <input type="checkbox"/> Clinician <input type="checkbox"/> Laboratory <input type="checkbox"/> Pathologist <input type="checkbox"/> Genomic Test <input type="checkbox"/> Research <input type="checkbox"/> Validation <input type="checkbox"/> Other:			

SENDOUT INFORMATION

Shipping	Specimens will be sent via FedEx 3-Day Express Saver unless an alternative shipping account or payment information is provided.		Account #/Info:	
Sendout Location <input type="checkbox"/> Same as Requesting Entity	Organization Name	Contact Name	Phone	Fax
	Address		Email	

SPECIMEN INFORMATION

Specimen organ	Type	Quantity	Specimen Identification Numbers
	<input type="checkbox"/> H&E Slides		
Biopsy Type (if applicable)	<input type="checkbox"/> IHC Slides		
	<input type="checkbox"/> Other:		
Notes/Comments/Special Requests:			

LABORATORY USE ONLY

Request Received Date	Request Fulfilled Date	Sendout Tracking #	Fulfillment Signature
Return Date	Return Condition: <input type="checkbox"/> All Present <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Other		Return Signature
Notes:			

RETURN SPECIMENS TO: LUMEA Laboratory, 2889 West Ashton Blvd Ste 300, Lehi, UT 84043