

LAB TEST CANCELLATION FORM

Instructions:

- **Call RMH lab 320-231-4500 to inform of test cancellation**
- **Fill out form and fax to RMH lab 320-231-4861**
- **NOTE: If test to be canceled is already in process at Reference Lab (i.e. Rice or Mayo), charges will be billed to client/facility**

Document Phone Call to Rice-

Name of RMH employee called to cancel: _____

Date: _____ Time: _____

Complete/Fax-

Patient Name: _____ DOB: _____

MRN: _____ Date of Service/Collection: _____

Test to be Canceled: _____

Reason for cancellation: _____

Site requesting cancellation: _____

Name of individual filling out form: _____

Completed by RMH Staff – Date and initial line when completed

_____ **If in-house test, attempt to stop testing**

_____ **If reference lab test (i.e. to Mayo) call reference lab to attempt to cancel test.**

***If testing cannot be stopped/canceled:**

_____ **Remove charge(s) from Beaker**

_____ **Route form to Lab Billing for proper charge routing> Bill client/facility**