



Laboratory Service Request Form

Important!: Obtaining lab services requires written requests, submitted to the laboratory personnel in advance of need. Fill in the form as completely as possible.

Facility name:	
Ordering Physician:	
NPI:	
Address:	
City/State/Zipcode	
Contact/Title:	Phone No. () -

Sample Details: Urine Blood Saliva Stool Nasal Swab

Service Start Date: _____

Pick up Day(s): Monday Tuesday Wednesday Thursday Friday

Time: _____:_____ **AM** **PM**

Delivery Method:

___ Fax

___ Client/Physician Portal (Result will be delivered to your Portal account as soon as it is available.)

After completed please fax to: [904-683-5338](tel:904-683-5338) or email to: kcastro@expressmedexperts.com

Printed Name/Title: _____ **Date:** _____

Signature: _____