Corewell Health™ Additional Lab Test Request

Instructions:

All add on requests should be faxed.

1. Epic **Users: Place Order in Epic | All others: Place Order in your EMR.**
   a. When placing orders please be sure to add any additional new information such as ICD-10 or notes as necessary.
   b. If the new requested testing requires an **ABN** to be signed by the patient, the patient will need to be recollected with a signed ABN, testing cannot be added on after draw.
   c. **The following tests do not allow for add-on orders**:
   This list is not comprehensive and does not include every test name.

- βhCG
- CEA Level
- Hepatitis A IgM Ab Level
- Hepatitis B Core Total Antibody
- Hepatitis B Surface Antibody
- Hepatitis B Surface Antigen
- Hepatitis C Antibody Screening
- Hepatitis Panel
- HIV 1/2 Antibody & Antigen, Scrn.
- HIV 1/2 Antibody & Antigen, Diag.
- HIV Quick Test
- LDH Blood Level
- Procalcitonin
- Parathyroid Hormone Intact
- PSA Free & Total, Screening, or Symptomatic

2. **Fill out all the information on next page**.
   a. Epic **Users:** Only fill out the information with the Epic symbol.
   b. All other users please fill out form completely to avoid delay or cancellation of request.
3. **Print the second page and Fax to the Hospital Laboratory most likely to have your patient's specimen(s):**

WEST MICHIGAN

Grand Rapids 616.267.2751
Reference Laboratory West; Advanced Technology (LC); Blodgett (BL); Butterworth (BW); and sendout "Ref Lab" (RL)

Big Rapids (BR) **231.592.4304**
Gerber (GM) **231.924.1167**
Greenville (UN) **616.225.9202**
Ludington (LH) **231.845.2292**

Pennock (PH) **269.945.5244**
Reed City (RC) **231.832.2154**
Zeeland (ZH) **616.748.8730**

SOUTHWEST MICHIGAN

St. Joseph (SJ) **269.983.1904**
Niles (NI) **269.983.1904**

Watervliet (WV) **269.983.1904**
Marie Yeager Cancer Center (MY) **269.983.1904**

4. **Each add-on request will be investigated by the lab for appropriateness.** Please a avoid calling on status of add-on.
   a. If the specimen is still viable and allows for add-on testing, it will be completed, and results will be sent.
   b. If the specimen is not available or not appropriate, a call will be made by Laboratory Staff to alert that a new specimen is required.

See Next Page for Form➔

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Revised 10/8/2026

Corewell Health™ Add-on Lab Test Request

Please review instructions on the ←previous page. **All fields are required** *except* Epic users are only required to fill out fields with the Epic symbol.

ADD-ON TEST REQUEST

Original order entered electronically? ☐ Yes ☐ No
(EMR Interface, eSHare, Epic, EpicCare Link)

Epic Today's date:

Epic Patient's Full Legal Name:

Epic Patient's Date of Birth:

Epic Medical Record Number (MRN):

Epic Original Specimen Collection Date:

Epic Specimen Accession Number:

Epic Additional Test(s) Requested*:

Please review the previous page for tests that do not allow for add-on orders.

Epic users this is to aid in picking the right test in case of other future orders.

Additional ICD-10 Code as indicated:

Office Name:

Epic Office Phone Number:

Epic Contact Person at Office Name:

(optional) Contact Person at Office Email:

Office Fax Number:

Ordering Provider Full Name (printed):

Ordering Provider Signature: _____

LAB PROCESSING STAFF: *If the original specimen was ordered by a client bill submitter, an add-on should only be allowed or approved from the original client (submitter) that ordered the test.*

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