**All requests require review and authorization prior to test catalog changes. Please allow for 1 week of review process. For additional question, please contact the Laboratory Administration Office at (573)884-1400. Please provide any supporting documentation as an attachment with your request.**

Email this completed form to: General - LUWC - Ogrp <c080f3df.groups.umsystem.edu@amer.teams.ms>

|  |
| --- |
| All yellow fields are Mandatory – incomplete forms will delay the review. |
|  **Requestor’s Information** |
| **Today’s Date:** |   |
| **Requestor’s Contact Phone Number:** |  |
| **Requestor’s Email Address:** |  |
|  | **Current** | **Proposed Change** |
| **Test Name:** |  |  |
| **Requested Test Code:** |   |  |
| **Aliases:** |   |  |
| **Requestor’s Name:** |  |  |
|  |
| Change Type (Minor or Major): |  |
| Useful for: |   |  |
|  |
| **Patient Preparation:** |  |  |
| Special Collection Instructions: |   |  |
| **Collection Method:** |  |  |
| Container: |   |  |
| Preferred Specimen: |  |  |
| Acceptable Specimens: |  |  |
|  |
| **Reference Ranges:** |  |  |
| Lower Limit of Detection: |  |  |
| Upper Limit of Detection: |  |  |
| Reportable Units: |   |  |
| **Critical Value:**  |  |  |
|  |
| **Reasons for Rejection:** |  |  |
| Hemolysis Threshold: |  |  |
| Icterus Threshold: |  |  |
| Lipemia Threshold: |  |  |
| Other: |  |  |
| **Specimen Stability:** |  |  |
| Ambient |  |  |
| Refrigerated (4°C - 8°C) |  |  |
| Hours or Days: |  |  |
| Frozen (-40°C - 0°C): |  |  |
| **Special Handling:** |  |  |
|  |
| Performance Information: |  |  |
| Days and Times Performed: |  |  |
| Expected TAT: |  |  |
| Stat Availability: |  |  |
| Performing Lab: |  |  |
| Routing/Bench: |  |  |
| Instrument: |  |  |
| Methodology/Method Description: |  |  |
|  |
| Panel Components: |  |  |
| Reflex Testing: |  |  |
| Additional Information/Important Notes: |  |  |
| Test Suspension/Alert: |  |  |
|  |  |  |
| Change Approved By: |  |
| Date of Approval: |  |
| Test Catalog Updated By: |  |
| Date Update Complete: |  |