



# STAT Test Request Form

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Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

## STAT Testing - Expedite Your Results

**IMPORTANT:** To request STAT Testing, STAT Testing Form must be **completed, signed and submitted** with test request form. Failure to do so will delay your order.

For an additional fee, the following tests are available for STAT Testing:

<b>Neurochemistry (NC) &amp; Metabolic (MET) Tests</b> 7 day TAT	<b>Molecular (MOL) Tests</b> 2 week TAT	<b>Next-Generation Sequencing (NGS) Panels</b> 2 week TAT
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*NOTE: MNG Laboratories will ensure any STAT orders meet the stated deadline, or the STAT fee will be waived.*

## Patient and Specimen Information

Patient Last Name	Patient First Name
Patient ID #	Date of Birth [MM/DD/YYYY]

## Test Code

*IMPORTANT: Enzymology, familial variants, and RNA tests NOT available as STAT*

Test Code: _____	Test Code: _____	Test Code: _____
Test Code: _____	Test Code: _____	Test Code: _____
Test Code: _____	Test Code: _____	Test Code: _____
Test Code: _____	Test Code: _____	Test Code: _____

## Billing Information (REQUIRED)

Self-Pay? <input type="checkbox"/> Yes    If yes, <b>MUST</b> include payer contact name & details below. Payment must be received in full prior to testing.		
Facility	Contact Name	
Billing Address		
City, State, Zip Code		
Phone	Fax	Email

### I HEREBY ACKNOWLEDGE (check all & sign below):

- I acknowledge that the responsible billing party listed above will pay for the additional costs associated with ordering a STAT Test. I understand that failure to submit payment for STAT Testing will delay my order.
- I consent that all requested STAT Tests listed above are either Neurochemistry tests, Metabolic tests, Molecular Tests or Next-Generation Sequencing Panels. I understand that all other tests are not available for STAT Testing and will not be ran as a STAT Test if requested.

**Signature of Responsible Billing Party (required):** \_\_\_\_\_