



Order Modification Authorization Form

This form is used to reconcile missing information and to document authorization to modify an order after the requisition (paper or electronic) and specimen have already been received by the laboratory. Additional testing may be added or the original test request(s) modified only by an authorized provider/designee with appropriate documentation in accordance with Federal Law (42 CFR 943.1105). This form may be used to meet those requirements, in particular following verbal authorization. Tests written-in without signature are treated like a verbal order. Additionally, any changes in ordering must be accompanied by the appropriate diagnosis codes to demonstrate medical necessity for any testing ordered and subsequent processing by the laboratory. Upon receipt of authorization to modify orders for a specimen, the laboratory will determine suitability for additional testing based upon the specimen integrity, stability, and volume. Documentation with "Signature on File" added in lieu of the printed name and signature of an authorized provider/designee will not be accepted.

RETURN COMPLETED, SIGNED FORM TO:

EMAIL (ATTN: ORDER-MOD) labsupport@idtechmolecular.com

Date Submitted: _____ Client/Facility: _____

Submitted By: _____

Client Contact
(e.g., Email, Phone, etc.): _____

Please write legibly or specimen processing may be delayed. Attach additional forms/sheets as needed.

① Collection Date (DOS)		② Accession # RIDT or SIDT (Optional)		③ DOB		④ Gender	
⑤ Patient Name (First and Last) <i>Initials will not be accepted</i>							
⑥ Modification(s)/Additional Test(s) Requested							
⑦ ICD-10 Diagnosis Code(s)							
Additional Notes:							

- ① Original collection date/DOS
- ② Accession number associated with the specimen. This may be a requisition ID # or specimen ID #
- ③ Patient date of birth
- ④ Patient gender
- ⑤ Patient first and last name (please be mindful of nicknames, suffixes, using middle names as the first name)
- ⑥ List the test(s) to be added or modified
- ⑦ Provide additional ICD-10/Diagnosis Codes as needed to support additional testing requested

Provider/Authorized Designee Printed Name: _____

Provider/Authorized Designee Signature: _____

- "Signature on File, SOF" will not be accepted and may result in delays in processing. Your facility/organization may be billed for any requested testing not authorized by a provider/designee
- Employees of ID-Tech Molecular Laboratories are prohibited from signing here.