



MNG LABORATORIES
Neurogenetic Answers™

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**Verbal Order / Add-On /
Order Clarification
Lab Request Form**

CLIA License #11D0703390; CAP License #1441004; State of Georgia License #060-381

This form is utilized to request additional testing or clarify an order on specimens that have previously been submitted to MNG Laboratories, as well as for verbal order verification. Please provide all requested information, sign and fax to **678.225.0212**. MNG Laboratories personnel will transfer the demographic and insurance information from the original test order and/or contact you if additional sample is required.

Patient Demographics	
Patient Name:	Today's Date:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Accession or Patient ID#:	
Clinical Information [ICD10 code]:	
Type of Request: <input type="checkbox"/> Add On Request <input type="checkbox"/> Verbal Order <input type="checkbox"/> Order Clarification	

Testing Information
Specimen Type:
Collection Date of Specimen:
Name of Test(s) or Test Code(s):

Referring Physician Information	
Referring Physician Name	Print
Referring Physician NPI # [Required]	
Facility / Organization	Phone
Select and Provide Email or Fax for Report Delivery [Required]	<input type="checkbox"/> Email <input type="checkbox"/> Fax

Billing Information [REQUIRED]	
Facility Responsible for Payment	Phone
Facility Contact Person	Fax
Facility Contact Person Email	Email
Facility Billing Address 1	
City, State, Zip Code	

Additional Notes

Signature of Physician or Authorized Designee (required): _____

Please fax completed form to **678.225.0212**