



Mitomed Diagnostic Laboratory

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CLIA # 05D1034314

CA State License: CLF 332383



Mitomed Clinical Test Add-on Requisition

Patient Information

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Mitomed Laboratory Information

Mitomed Accession Number: _____

Date Sample Received: _____

Date Reported (if applicable): _____

Testing Completed:

Test Number: _____

Test Name: _____

Add-on Tests:

Test Name: _____ Cost (if additional): _____

CPT codes: _____

Physician Approval:

Physician Name

Physician Signature

Departmental Approval (if required by the ordering institution):

Name, Title

Signature