



BLUEWATER Dx

Bluewater Diagnostics
221 S. Bardstown Rd.
Mt. Washington, KY
P: 502.538.2980

Laboratory Request Form

Add Test to Submitted Req Form Re-run Request for Reported Sample Correction

Patient Requisition #: _____

Specimen Collection Date: _____

Clinic Name: _____

Requesting Provider: _____

Clinic Contact Personnel: _____

Contact Phone Number: _____

Details of Request:

**This test request form is only valid with previous submission of a
Bluewater Diagnostic Laboratory requisition form.*

Requesting Provider Signature: _____ Date: _____