



REQUEST FOR FINAL REPORT AMENDMENT/ADDENDUM

Date: _____

Client/Dept.: _____

| |
|----------------------------|
| <u>Patient Information</u> |
| Name: |
| DOB: |
| M/F: |
| MRN: |

| |
|--|
| <u>Case Information</u> |
| Date of Service: |
| Accession or Case Number: <small>(8 numbers) or (two letter & two number prefix followed by a dash and more numbers)</small> |

Please complete **ALL** fields below with the corrected information:

Patient name: _____

Date of Birth: _____

Please explain correction needed:



****BY SIGNING THIS FORM, I TAKE RESPONSIBILITY FOR THE IDENTITY OF THIS SPECIMEN.**

Printed Name-Office/Dept. Staff

Job Title

Signature**

Date

**PLEASE RETURN SIGNED FORM TO SUMMIT PATHOLOGY FOR ELECTRONIC FILING AT
FAX #: 970-212-0542**