

STELLAR LABS NW TESTING REQUISITION																																																																																										
6464 SW BORLAND ROAD, SUITE C-5 1/2, TUALATIN, OREGON 97062 PH: 503-427-2471 AND 503-855-4527 fax: 888-972-9515 (This form is subject to the Privacy Act of 1974. Use Blanket PAS-DD Form 2005)																																																																																										
PATIENT ALLERGIES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patient's Name (Last, First and MI)</td> <td style="width: 25%;">STATUS * Routine <input type="radio"/> STAT <input type="radio"/> ASAP <input type="radio"/></td> <td style="width: 25%;">PREFERRED NAME</td> </tr> <tr> <td>FMP MRN#</td> <td colspan="2">SPONSOR'S SSN</td> </tr> <tr> <td colspan="3">REGISTER NUMBER</td> </tr> </table>	Patient's Name (Last, First and MI)	STATUS * Routine <input type="radio"/> STAT <input type="radio"/> ASAP <input type="radio"/>	PREFERRED NAME	FMP MRN#	SPONSOR'S SSN		REGISTER NUMBER																																																																																		
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TAFB FORM 162, OCT 2010

Additional Tests/Panels