

Date of Request:

Facility Name:

Patient Name:

Facility Fax:

D.O.B:

Requested by: Client Services

CD Case Number:

Attestation Form

The specimen from the patient identified above was received by laboratory personnel without all the required information. Processing will not proceed and/or results will not be reported for this sample until this document has been completed and returned to the laboratory. Fax or email completed form along with all required information.

To be completed by Cairo Diagnostics personnel

Issue/Discrepancy

Resolution

Resolution/Correct Information (To be completed by client)

Signature:

Printed Name:

Date:

Title:

[55381]

Fax completed form and a new request form with the correct information to F. (914) 881 3561 or email to client.services@cairodiagnostics.com