Add-On Authorization

CLIA regulations require that a clinical laboratory obtain written authorization subsequent to oral requests for additional laboratory tests. Additional testing has been requested by the physician or your laboratory.

Please sign and date this form as your written authorization for the addition of the testing and subsequent billing.

Attention: ___________________________ Date: ___________________________

Client account Name / Number: ____________________________________________

The following tests were added to an existing order at the request of _______________________

Sample ID #:_________ Collection Dt/Tm of original order:_____________________

Patient Name / ID #:_______________________________________________________

Tests requested to be added:

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<th>Test Code</th>
<th>Test Name</th>
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Authorizing signature: ___________________________ Date: ___________________________

Please FAX this form to **412-209-7275** or mail to

COSS - Add-on
ITxM Diagnostics
3636 Boulevard of the Allies
Pittsburgh, PA 15213