



BLUEWATER Dx

Bluewater Diagnostic Laboratory
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Support@bluewaterdx.com

Laboratory Request Form

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

Patient Requisition #: _____

Sample 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
Laboratory test requisition form.*

Requesting Provider's Signature: _____ Date: _____

Fax HIPAA-approved cover sheet and completed test request forms to 502.337.3820
or email to Support@bluewaterdx.com