



Health Level One Inc., 18 Commerce Drive, STE # 3, Hauppauge, NY, 11788

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TEST REQUEST FORM/ CHAIN OF CUSTODY DOCUMENT

Company name:	Contact Name:	Please mail completed form with the sample/s to the following Address:
Company Address:	Phone #:	
	Fax #:	Health Level One Inc. 18 Commerce Drive, Suite # 3 Hauppauge, NY, 11788
	Email:	
	PO # (if applicable):	
	Test Requested Date:	

SAMPLE INFORMATION		TEST INFORMATION		For lab use only (Do not fill below this line)		
SAMPLE NAME	LOT #	TEST REQUESTED	ADDITIONAL COMMENTS	Received : Date/ Initial	Lab ID#	CoA ID #

Test Requested By (Please Initial and Date):
