



**Health Level One Inc., 180 Adams Avenue, Hauppauge, NY, 11788**

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**TEST REQUEST FORM/CHAIN OF CUSTODY DOCUMENT**

<b>Company name:</b>	<b>Contact Name:</b>	<b>Please mail completed form with the sample/s to the following Address:</b>  <b>Health Level One Inc.</b> <b>180 Adams Avenue</b> <b>Hauppauge, NY, 11788</b>
<b>Company Address:</b>	<b>Phone #:</b>	
	<b>Fax #:</b>	
	<b>Email:</b>	
	<b>PO # (if applicable):</b>	
<input type="checkbox"/> <b>Standard turnaround time (5 to 7 business days)</b> <input type="checkbox"/> <b>Rush Next day ( 24 hours turn around 50 % surcharge )</b> <input type="checkbox"/> <b>Rush 3<sup>rd</sup> day ( 25 % surcharge )</b>		

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

**Test Requested By (Please Initial and Date):**