Genetics Laboratories
Kennedy Krieger Institute
707 North Broadway
Baltimore MD 21205
Tel: 443-923-2758
FAX 443-923-2755

Attention: _____ FAX # _____

NOTICE OF TEST CANCELLATION

Referring Hospital/Lab/Physician: _____

_____

Patient Name: _____

Date of Birth: _____

History/Sample Number: _____

Sample Date: _____

Date Received by Our Lab: _____

Test(s) Requested: _____

_____

Reason for Rejection: _____

_____

_____

Person Contacted at Referring Site: _____

Date and Time Contacted: _____

Written Notification Required? Yes No

Date Notification Faxed or Mailed: _____

Person Responsible for Completion _____