



Test Cancellation Form

Cancellation or revision of submitted test orders within 48 hours of sample receipt will not incur any charges. Please complete this form and fax it to 215-573-5940 or email it to gdllab@pennmedicine.upenn.edu.

Please note that tests with an expedited turnaround time such as prenatal analysis and Level 1 Congenital Hyperinsulinism 4 gene panel cannot be cancelled once the sample has been received by the laboratory.

PATIENT INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____ BIRTH DATE (MM/DD/YYYY) _____

TEST REQUESTED (please fill in the test requesting to be cancelled here)

HEALTHCARE PROVIDER INFORMATION

REFERRING PHYSICIAN or HEALTHCARE PROVIDER _____ PHONE _____ FAX _____

INSTITUTION AND DEPARTMENT _____

Signature: _____ Date: _____

Printed Name: _____