

# Be Legendary.

# **Standing Order Request**

## Purpose:

To streamline testing services and clarify reflex testing. •

### Standing Order:

- If a facility would like a test reflexed automatically for all samples unless otherwise noted, please complete the following standing order.
- You may fax the completed form to the North Dakota Department of Health and Human Services, Laboratory Services at 701.328.6280

Facility Name:	
Facility Code:	
Reflex Testing Requested:	
Sample Type:	
Termination Date:	

#### **Special Notes:**

- If a facility wishes to deviate from the listed standing order, please contact us at 701-328-6272 prior to the completion of testing.
- Changes to this standing order may be made at any time by the requesting facility.
- Reflex test will automatically list the original ordering physician. •

#### **Approval:**

Facility Representative Name (Print):	
Facility Representative Signature:	
Christie Massen, Section Director:	

Dr. Linz, CLIA Laboratory Director: