St.Charles
HEALTH SYSTEM

Cancel Request for Electronic Outpatient Lab Order

Clinic Submitting Request:

Clinic Name: _____
Address: _____City:_____
Phone:_____

Name of person submitting request (First and Last): _____

1. Check the appropriate box and fill out all information.

   ☐ Duplicate Test(s)
   ☐ No longer needed
   ☐ Patient drawn at clinic (future order no longer needed)
   ☐ Patient could not produce/be drawn (will go to SCHS draw site)
   ☐ Provider Requested
   ☐ Wrong test ordered
   ☐ Other: _____

2. Fax to Laboratory Support Services at **541-706-7709.**

Patient Label or Fill in the Following:
Legal Name(First Middle Last)
Date of Birth:

TEST(s)	Date Ordered	Ordering Provider	Department

Instructions for Lab Support Services:
  1. Cancel electronic order(s)
  2. Enter comments
  3. Place this form in designated