



TPO Additional Expenses Form

If you have patient(s) who had retesting, imaging and/or referrals to endocrinologists due to the inaccurate TPO reference range, they may be eligible for certain medical expenses. To evaluate eligibility, please complete the form and submit to Spectrum Health Laboratory Services at the contact information provided below by July 1, 2020.

Patient Information:

First Name	Last Name	Date of Birth	Social Security No.	TPO Date of Service	
Phone Number	Current Mailing Address		City	State	Zip

If additional testing/treatments were ordered based on a false positive, was testing performed at a Spectrum Health facility? Yes No **Indicate dates for the following:**

TSH	T3	T4	TPO repeat	Referral to Endocrinologist (Name & Date)	
Medications:				Start Date	End Date
Other treatments & dates or information:					

Please send completed form via fax to the Laboratory Call Center: **616-774-5159**
 Or via email secure scan to LaboratoryServices@spectrumhealth.org.