

Location update for Laboratory Services

Spectrum Health owned entities, please also notify: SH Medical Staff Office, Information Services and Physician Liaisons if necessary. Please submit completed form to LaboratoryServices@spectrumhealth.org

Contact Name:		Contact Phone:	
Office Name		Account Number (if known)	
Date of Request:	Office close date:	Office reopen date:	

Fill out the following location information if applicable, if you are moving please fill out both New and Closing.

New Location Address (include suite #)		City	State	Zip
Phone	Fax	We require faxed results: (Y/N)		

Closing Location Address (include suite #)		City	State	Zip
Phone	Fax			

For new or moving locations:

- Office requires courier pick up**
 - Routine** (daily scheduled pick up) **On Call** (office will call when specimen available)
 - Needs lockbox**, if yes what type: **Over the Door** **Wall Mount** **Floor Model**
- Office collects specimens in the office**
 - What type:** **Blood** **Urine** **Cultures** **Cytology** **Pathology**
 - Office requires:** **Centrifuge** **Label printer**

For closing locations or cancellation of services

- Cancel Courier Services**
 - Office has lockbox, collection devices or other laboratory items to return**

Please forward any patient results to

Provider Name	Phone	Fax
Address (include suite #)	City	State Zip