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Report Correction Request

Please complete and verify the accuracy of the following information, sign, date, and fax back to: **469.232.9927**.

In accordance with federal, state, and local statutes and regulations, including the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA), I/we understand that by signing this request, I/we will be responsible for the proper use and confidentiality of the health care information requested.

PATIENT NAME	DATE OF BIRTH
ACCESSION NUMBER *(If available)*	
COLLECTION DATE	TEST
HEALTHCARE PROVIDER NAME	
REASON FOR CORRECTION	
REQUESTOR NAME	PHONE NUMBER
REQUESTOR SIGNATURE	DATE
COMMENTS	

AVERO USE ONLY

DATE	TIME
CSR INITIALS	

focused on
answers.

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Irving, TX 75039 • 877.232.9924

410 North Utica Avenue
Lubbock, TX 79416 • 866.987.7284

averodx.com

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