AVERO™

Test Termination Authorization

According to our records, a test was terminated for this patient based on verbal instructions. Please 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)*

TEST TO BE TERMINATED

COLLECTION DATE

HEALTHCARE PROVIDER NAME

REQUESTOR NAME | PHONE NUMBER

REQUESTOR SIGNATURE *(Physician or Authorized Office Staff)* | DATE

COMMENTS

AVERO USE ONLY

VERBAL ACCEPTED BY (INITIALS) | DATE | TIME

DATE FORM RECEIVED | CSR (INITIALS)

focused on
answers.

6221 Riverside Drive, Suite 119
Irving, TX 75039 • 877.232.9924

410 North Utica Avenue
Lubbock, TX 79416 • 866.987.7284

averodx.com

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