

**Directions:** Please complete this form **at least 4 weeks prior** to requesting testing from a new reference laboratory. Testing cannot be sent without reference laboratory approval. Contact Commercial Mailouts (319-356-8593) with questions.

**Note:** Please refer to the [list of current partner reference laboratories](#) and the testing they offer before completing this form.

Your Contact Information	
Your Name:	
Your Department:	
Date:	

**Name of Laboratory:**

**Laboratory Website:**

**Laboratory Contact:**

- Name
- Phone
- Email

**Testing Requested:**

- Name of Test(s)
- Sample Type(s)
- Expected Volume
- Clinical/Research

**Requisition URL (if available):**

**Billing:**

**Please provide a detailed explanation of how the addition of this new reference laboratory will influence clinical management, treatment plans, and patient care.**