

REQUEST FOR TEST CREDIT

TO:	FROM:
PUBLIC HEALTH LABORATORY	➤ Requestor Name:
LIS UNIT	➤ Requestor Location:
FAX NUMBER (562) 803-4768	➤ Telephone No.:

TEST(S) TO BE CREDITED:

ACCESSION NUMBER OR COPY OF LABEL	REASON FOR CREDIT

LIS USE ONLY

CREDITED BY: _____
DATE: _____