



Laboratory
P) 605-995-2214
F) 605-995-2282

CANCELLATION REQUEST FORM

The following cancellation request was received at
Avera Queen of Peace Laboratory.

Regulations require that we obtain a written cancellation for documentation.
Please complete all of the information below
and **fax it back to AQOP Lab at 605-995-2282**.

Thank you for your assistance.

Today's Date: _____ Tech: _____

Specimen Date: _____

Patient Name: _____

Test(s) Being Cancelled: _____

Facility Requesting Cancellation: _____

Provider Requesting Cancellation: _____

Signature/Title: _____