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# *Requests*

## **Sky Lakes Medical Center Laboratory Request Form**

All specimens sent to Sky Lakes Laboratory are required to be accompanied by an accurate and complete requisition or order from the providing clinician or facility before any medical testing can be performed. Sky Lakes Laboratory may obtain information from a patient, client, or ordering facility to perform laboratory services.

### **Fax Orders**

Faxed orders must be received on a physician's script, Sky Lakes Laboratory requisition, fax order form, or a requisition from another facility. All orders faxed to Sky Lakes Medical Center Laboratory must include the patient's first and last name and date of birth. The orders must indicate the test requested and reason for visit (diagnosis narrative or ICD-10 code). Laboratory orders must have an ordering provider listed.

Fax number: 541-274-6241

### **Phone Orders**

Call Sky Lakes Laboratory at 541-274-4000; all orders received by phone will be verified. Phone orders will be written on a laboratory phone order/add-on order verification sheet. The laboratory will fax or mail the order form to the physician's office for a signature. All phone orders need to include the patient's first and last name and date of birth. The orders must indicate test requested and reason for visit (diagnosis narrative or ICD-10 code).