

# Alfred University Wellness Center

## Health Services

19 Park Street, Alfred, NY 14802

Phone: (607) 871-2400 Fax: (607) 871-2631

### Request for Laboratory Services

Please complete legibly

Students with orders for lab work from a provider outside AUHS may have lab work obtained at AUHS and sent to St. James Mercy Hospital Laboratory. This service is available by appointment, Monday through Thursday before 2pm each day and is subject to the approval of AUHS staff. This form must be completed and submitted to AUHS. **Results will be reported directly to the ordering health care provider by St. James Mercy Laboratory.** Therefore, it is very important that the lab has a provider phone number for prompt communication of results, particularly abnormal values and "panic" values. For questions about results, please contact:

St. James Mercy Hospital  
411 Canisteo Street  
Hornell, NY 14843

Phone: 607-324-8080

#### This portion to be completed by ordering provider:

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers (Including 24 hour contact availability): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Laboratory Tests Ordered: \_\_\_\_\_

Special Instructions (fasting, peak, trough): \_\_\_\_\_

Diagnosis or Code(s): \_\_\_\_\_

Ordering Provider Signature: \_\_\_\_\_

#### This portion to be completed by student:

Billing address: \_\_\_\_\_

Student phone numbers (24 hour availability): \_\_\_\_\_

Student Insurance Information: \_\_\_\_\_

For Office Use Only: Notes: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize St. James Mercy Hospital to release information needed to assign all medical benefits to which I may be entitled. Student Signature: \_\_\_\_\_