

SENTARA REFERENCE LAB SOLUTIONS

Fax requisition order to: 757.388.1942 or email to: LabCustomerSvcs@sentara.com
Please allow 5-7 business days for delivery once the order is received.

Requisition Order Form

Client Code: _____ Date: _____

Practice Name: _____

Contact Person: _____ Email Address: _____

No changes to address, phone/fax or providers at this time

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Providers and NPI # (up to 10 providers may be listed):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please indicate type and quantity of forms you would like to order:

Quantity options are: 25, 50, 75, 100, 200, 300, 500

- | | |
|---|---|
| <input type="checkbox"/> General Reference requisition
Quantity: _____ | <input type="checkbox"/> SVBGH Histology requisition
Quantity: _____ |
| <input type="checkbox"/> Nursing Home requisition
Quantity: _____ | <input type="checkbox"/> Allergy requisition
Quantity: _____ |
| <input type="checkbox"/> Pap/Cyto/Histo requisition
Quantity: _____ | <input type="checkbox"/> COVID requisition
Quantity: _____ |
| <input type="checkbox"/> Women's Health requisition
Quantity: _____ | |

*Comprehensive testing solutions with accurate, timely, quality results
from your community reference lab of choice.*