

CORPORATE OFFICE  
1304 Buckley Road  
Syracuse, NY 13212-4302  
Tel: 315.461.3008  
Fax: 315.461.3030



OPERATIONS CENTER  
113 Innovation Lane  
Liverpool, NY 13088  
Tel: 315.461.3008  
Fax: 315.410.7007

**LABORATORY ALLIANCE**  
of Central New York, LLC  
www.laboratoryalliance.com

## AUTHORIZATION FOR CLINICAL LABORATORY TESTING

Location Code: UMC- \_\_\_\_\_

SUNY Upstate Medical University authorizes Laboratory Alliance of Central New York to perform the following tests on:

\*Patient's Name: \_\_\_\_\_ \*SUNY Accession #: \_\_\_\_\_

SSN: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Male/Female (circle one)

Call to: \_\_\_\_\_ \*Fax to (circle one): 464-6733 464-8428

\*Collection Date: \_\_\_\_\_ \*Collection Time: \_\_\_\_\_

\*Type of specimen: \_\_\_\_\_

\*Provider Name: \_\_\_\_\_

\*Testing to be performed at the expense of SUNY Upstate University Hospital:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\*For Microbiology specimens, indicate source: \_\_\_\_\_

For Reportable Disease Testing, indicate patient county of residence: \_\_\_\_\_

\*Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

---

---

---

This form must accompany any specimen submitted to Laboratory Alliance of Central New York from SUNY Upstate Medical University.

\* Required fields