



Laboratory

Tier 1 Test Exception Form

Each individual test must have an exception form completed.
All information must be completed for the exception to be considered.
Completion of this form does not guarantee that the exception will be granted.

Patient Name _____ DOB _____

Test Requested _____

Why can't specimen be collected in an outpatient setting following discharge? _____

How is specimen irretrievable? _____

What are the alternatives to testing during inpatient admission and why are they insufficient?
Provide a detailed justification for test order including clinical need and impact on care during
inpatient stay. _____

Provider Signature _____ Date _____

Dept Chair Signature* _____ Date _____

*Signature indicates that the test named above is medically necessary during the patient's inpatient stay

Return completed form to Specimen Processing and reorder test in LIS System.