

**Information for Providers:
Ordering Laboratory Work at Tufts University Health Service**

Dear Doctor:

Your patient, _____, a student at Tufts University, has requested laboratory testing at our lab to monitor a medical condition that you are treating him/her for. We are happy to provide this service for the convenience of our students and the ordering providers. We do ask that you help us with the following guidelines.

Test Ordering:

1. Test orders, including **exact test names and frequency**, should be indicated on a prescription with the patient's name, along with the date of birth, or social security number.
2. **Diagnosis must be included** for billing purposes.
3. Standing orders for repeated labs will expire after 12 months, and we will request that you send another order if you wish to continue the standing orders.

Communicating Test Results:

1. Ordering providers must supply us with a FAX number for their office, and a phone number which will reach the office or a covering provider both during the daytime and after hours, including weekends and holidays. It is essential that we know how to communicate abnormal results to the ordering provider at all times.
2. The ordering provider must take responsibility for notifying the student of all test results—both normal and abnormal.
3. **Normal** results will be faxed to the office of the ordering provider.
4. **Abnormal** results will be called to the office during regular daytime hours, or to the covering service after-hours, weekends and holidays. We will record the name of the person notified, date and time of notification. The results will also be faxed in the usual way.

Provider's name: _____

Address: _____

Office Phone Number--Daytime: _____

Phone Number—Nights/Weekends: _____

Office FAX number: _____

**Return this information to: Tufts University Health Service, Medford, MA 02155
FAX 617-627-3592**