



Child's Name _____

Date of Birth _____

LAB PREFERENCE SHEET

We at Children's HealthCare want to ensure your lab tests are submitted to the correct lab. The following is a lab preference sheet.

Please select your preference for a laboratory/facility should any tests need to be sent out a lab. Please be sure to check with your insurance company in the event that the insurance company participates with a specific laboratory. If you are unsure about which laboratory/facility your insurance participates, it is your responsibility to ensure coverage by contacting your insurance company.

PLEASE NOTE: If your insurance is through a hospital or hospital network, you must use that facility.

LAB PREFERENCE SELECTION

- St. Luke's University Health Network
- Lehigh Valley Health Network/Health Network Laboratories
- Lab Corp
- Sacred Heart
- Quest
- Other: _____ (please indicate)

I have read and understand the above listed Lab Preference Policy of Children's HealthCare. Should any insurance changes occur, it is my responsibility to notify the office of any changes.

Signature of Patient or Patient's Personal
Representative/Parent/Guardian Completing Form

Printed Name of Person Completing this Form

Date

Relationship to Patient