



2602 S. 24th Street • Phoenix, AZ 85034  
Tel 602.759.1245 • Fax 602.759.8331 • www.CyrexLabs.com

# TEST CANCELLATION FORM

ORDER DATE: \_\_\_\_\_

REQUISITION ID: \_\_\_\_\_

SAMPLE SENT:  YES  NO

## CANCELLATION AND REFUND POLICY

**Test cancellations are only accepted prior to specimen accessioning.** A request for test cancellation received after accessioning cannot be honored, and the test will be performed at the normal price. Refunds and credits are offset for services rendered, including phlebotomy and shipping, unless the refund is due to the inability to provide results on a specimen due to laboratory error. Discounts dependent on cancelled tests are reversed on cancellation. Requests for refund should be made in writing and include your requisition number. Test cancellations may be submitted by fax to (602) 759-8331. Cancellation fax forms are available online at [www.CyrexLabs.com](http://www.CyrexLabs.com).

PATIENT:			HEALTHCARE PROFESSIONAL:	
Name: _____			Name: _____	
Date of Birth: mm/dd/yyyy / /	Gender:	Patient ID: _____	Acct. #: _____	

Reason for Cancellation: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  HCP  Patient Date: \_\_\_\_\_

**SELECT TEST(S) TO CANCEL:**

<input type="checkbox"/> Alzheimer's LINX™ - Alzheimer's-Associated Immune Reactivity (Serum) HSE1573
<input type="checkbox"/> Array 1 - Mucosal Gluten Reactivity Screen™ (Oral Fluid) HOF1236
<input type="checkbox"/> Array 2 - Intestinal Antigenic Permeability Screen™ (Serum) HSE1308
<input type="checkbox"/> Array 3X - Wheat/Gluten Proteome Reactivity & Autoimmunity™ (Serum) HSE1569
<input type="checkbox"/> Array 4 - Gluten-Associated Cross-Reactive Foods & Foods Sensitivity™ (Serum) HSE1283
<input type="checkbox"/> Array 5 - Multiple Autoimmune Reactivity Screen™ (Serum) HSE1316
<input type="checkbox"/> Array 6 - Diabetes Autoimmune Reactivity Screen™ (Serum) HSE1341
<input type="checkbox"/> Array 7 - Neurological Autoimmune Reactivity Screen™ (Serum) HSE1342
<input type="checkbox"/> Array 7X - Neurological Autoimmune Reactivity Screen™ – Expanded (Serum) HSE1369
<input type="checkbox"/> Array 8 - Joint Autoimmune Reactivity Screen™ (Serum) HSE1343
<input type="checkbox"/> Array 10 - Multiple Food Immune Reactivity Screen™ (Serum) HSE1379
<input type="checkbox"/> Array 10-90 - Multiple Food Immune Reactivity Screen™ (Serum) HSE1561
<input type="checkbox"/> Array 10-90X - Multiple Food Immune Reactivity Screen™ (Serum) HSE1562
<input type="checkbox"/> Array 11 - Chemical Immune Reactivity Screen™ (Serum) HSE1344
<input type="checkbox"/> Array 12 - Pathogen-Associated Reactivity Screen™ (Serum) HSE1563
<input type="checkbox"/> Array 14 - Mucosal Immune Reactivity Screen™ (Oral Fluid) HSE1378
<input type="checkbox"/> Array 20 - Blood-Brain Barrier Permeability™ (Serum) HSE1375
<input type="checkbox"/> Array 22 - Irritable Bowel/SIBO Screen™ (Serum) HSE1564
<input type="checkbox"/> Total Serum IgG/IgA/IgM (GAM) (Serum) HSE1572
<input type="checkbox"/> Lymphocyte MAP™ - Comprehensive Lymphocyte Immunophenotyping (Whole Blood) HSE1575

**FOR LAB USE ONLY:**

PAID  UNPAID Comments: \_\_\_\_\_