



# TEST CANCELLATION FORM

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

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

SAMPLE SENT:  YES  NO

SAMPLE RECEIVED:  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 email to support@cyrexlabs.com or by fax to (602) 759-8331. Cancellation forms are available online at www.CyrexLabs.com.

<b>PATIENT:</b>			<b>HEALTHCARE PROFESSIONAL:</b>		
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 10 – Multiple Food Immune Reactivity Screen™ (Serum) HSE1379
<input type="checkbox"/> BiomeBurden™ Complete – Myco, Micro, & Immune Evaluation (Serum + Whole Blood) HSE1576	<input type="checkbox"/> Array 10-90 – Multiple Food Immune Reactivity Screen™ (Serum) HSE1561
<input type="checkbox"/> Micro-BiomeBurden™ – Candida Virulence Plus (Serum) HSE1577	<input type="checkbox"/> Array 11 – Chemical Immune Reactivity Screen™ (Serum) HSE1344
<input type="checkbox"/> Myco-BiomeBurden™ – Candida Virulence (Serum) HSE1578	<input type="checkbox"/> Array 12 – Pathogen-Associated Reactivity Screen™ (Serum) HSE1563
<input type="checkbox"/> Array 2 – Intestinal Antigenic Permeability Screen™ (Serum) HSE1308	<input type="checkbox"/> Array 14 – Mucosal Immune Reactivity Screen™ (Oral Fluid) HSE1378
<input type="checkbox"/> Array 3X – WheatBurden™ – Wheat, Gluten, and Their Processed Proteins (Serum) HSE1569	<input type="checkbox"/> Array 20 – Blood-Brain Barrier Permeability™ (Serum) HSE1375
<input type="checkbox"/> Array 4 – Gluten-Associated Cross-Reactive Foods & Foods Sensitivity™ (Serum) HSE1283	<input type="checkbox"/> Array 22 – Irritable Bowel/SIBO Screen™ (Serum) HSE1564
<input type="checkbox"/> Array 5 – Multiple Autoimmune Reactivity Screen™ (Serum) HSE1316	<input type="checkbox"/> Total Serum IgG/IgA/IgM (GAM) (Serum) HSE1572
<input type="checkbox"/> Array 7X – Neurological Autoimmune Reactivity Screen™ – Expanded (Serum) HSE1369	<input type="checkbox"/> The Lymphocyte MAP – Comprehensive Immunophenotyping of Lymphocytes (Whole Blood) HSE1575

## FOR INTERNAL USE ONLY:

PAID  UNPAID  DROPSHIP REFUND AMOUNT \$ \_\_\_\_\_

Comments:

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