



Standing Order Request

Purpose:

- To streamline testing services and clarify reflex testing.

Standing Order:

- If a facility would like a test reflexed automatically for all samples unless otherwise noted, please complete the following standing order.
- You may fax the completed form to the North Dakota Department of Health, Division of Microbiology Laboratory Services at 701.328.6280

Facility Name:	
Facility Code:	
Reflex Testing Requested:	
Sample Type:	
Termination Date:	

Special Notes:

- If a facility wishes to deviate from the listed standing order, please contact us at 701-328-6272 prior to the completion of testing.
- Changes to this standing order may be made at any time by the requesting facility.

Approval:

Facility Representative Name (Print):	
Facility Representative Signature:	

Christie Massen, Director:	
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