



480 Quadrangle Dr  
Bolingbrook IL 60442  
800-939-4782

## REQUEST FOR ALTERNATES

### COMPANY INFORMATION:

Customer ID: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ F: \_\_\_\_\_

### Selections To Inactivate

**Name of employee:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

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Valid Reasons for canceling selections:

- A. Employee on medical leave/leave of absence/vacation/laid off during the entire selection period
- B. Employee terminated
- C. Collection site did not follow protocol and did not administer all tests requested
- D. Other: \_\_\_\_\_

### Alternates Needed

Person Requesting Alternates: \_\_\_\_\_

How would you like to receive the alternate selections? Check One Below

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Mail \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO REGINA LAWRENCE**

**FAX: 770-753-1109**

**Email: Regina.Lawrence@lexisnexis.com**