

Downtime Form

Client Account	Client Name		
Address			Country

Patient Name (Last, First Middle)		Date of Birth	Gender
Patient ID	Client Order Number	Collection Date	Collection Time

Ordering Physician (Last, First)	Phone Number
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Mayo Test ID	Test Name
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Client Comments

MML Use Only

Lab Assistants	Perform name search, if NOF follow the NOF SOP
Staff Support	Refer to NOF SOP
Client Support	Investigate client system issue, update Remedy ticket and close