

Tracking# : \_\_\_\_\_ Date: \_\_\_\_\_

*(carefully copy this number from the mailing label on your outbound package)*

<b>** Facility Name**</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Shipped By:</b>	

COVID	<input type="checkbox"/> (A)	PGx	<input type="checkbox"/> (B)	RPP	<input type="checkbox"/> (C)	GI Panel	<input type="checkbox"/> (D)	Women's Health	<input type="checkbox"/> (E)	UTM	<input type="checkbox"/> (F)	VM	<input type="checkbox"/> (G)	Tox Urine	<input type="checkbox"/> (H)	Tox Oral	<input type="checkbox"/> (J)	Blood Chemistry	<input type="checkbox"/> (K)	UA	<input type="checkbox"/> (M)
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	Name	DOB	Draw Time	Indicate Resident/Staff and/or Test Type
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