

Tracking# : _____ Date: _____

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

** Facility Name**	
Address	
City, State, Zip	
Shipped By:	

COVID RPP <input type="checkbox"/>	PGx <input type="checkbox"/>	Toxicology <input type="checkbox"/>	Women's Health Panel <input type="checkbox"/>	GI Panel <input type="checkbox"/>	Antibiotic Resistance Panel <input type="checkbox"/>
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Name	DOB	Indicate Resident or Staff
1.		
2.		
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