

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 RPP	(A)	PGx	(B)	Antibiotic Resistance	(C)	GI Panel	(D)	Women's Health	(E)	UTM	(F)	VM	(G)	Tox Urine	(H)	Tox Oral	(J)	Blood Chemistry	(K)	UA	(M)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name	DOB	Draw Time	Indicate Resident/Staff and/or Test Type
1.			
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