

Collection Kit Request Form

Requestor's Information

Name and Title	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>		
Address	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Postal Code	<input type="text"/>	Country	<input type="text"/>

Shipment Information

Please check box if same as above

The person receiving the shipment is a clinician the patient

Recipient Name	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>		
Address	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Postal Code	<input type="text"/>	Country	<input type="text"/>

Kit Information

Please Note: Biopsy media must be shipped out a week in advance of any surgery date and expires 2-3 weeks after shipment. Prior discussion is **required** before ordering this kit.

Type of Kit

Quantity

Arrive by

Lab ID (if tested previously at UAB MGL)

Have you previously discussed this request with the MGL? Yes No

Are you submitting [test requisition forms](#) to be sent with kit(s)? Yes No

Will you require a return shipment air bill with the kit(s)? Yes No

Would you like the tracking number for the package? (If yes, please list email address(es) in the space provided.) Yes No

Please include any additional specifics regarding the case or special handling instructions below.

Please send this request form via e-mail to medgenomics@uabmc.edu or via fax to 205-996-2929. A completed test request form can be submitted with this form and the completed paperwork will be sent with the collection kit.