**Instructions**: Complete this form and include a copy with lab specimens that are transported to a UAB research laboratory. Keep a copy in the participant’s study chart.

**Name of Receiving Lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Study coordinator Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collection time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Test** | **Specimen type** | **Quantity** |
|  | *Circle specimen type:* Whole blood Serum Plasma Urine Stool Saliva Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
|  | *Circle specimen type:* Whole blood Serum Plasma Urine Stool Saliva Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
|  | *Circle specimen type:* Whole blood Serum Plasma Urine Stool Saliva Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
|  | *Circle specimen type:* Whole blood Serum Plasma Urine Stool Saliva Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
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