

Assisted Saliva, Saliva, or Buccal Kit Request Form

Information and Resources: [Alternate Specimen Collection Kits for Genetic Testing](#)

Please complete all steps in order before submitting a kit request:

- Confirm the patient does not have another appropriate sample type available for genetic testing (e.g., blood, extracted DNA/MGL Hold, residual DNA at performing lab, or residual DNA from SCH-performed test within 1 year) before requesting an alternate specimen collection kit.
- Complete clinical info and/or consent forms, if required, and email to ReferenceLabTeam@seattlechildrens.org.
- Ensure order is entered, signed, and in “Active – Future” status in Epic (i.e., not Held or Pending).** Requests received without an Active – Future order will not be processed.
- Complete the following table to request an assisted saliva, saliva, or buccal sample collection kit for your patient and/or comparator (e.g., parent, sibling, or other relative) sample(s).
- If the patient’s and/or family’s language for care is not English, please select the language for care from the drop-down list in the table below. If the language is not listed, please select Other and indicate the language to the right.
- Email completed kit request form and requisition to ReferenceLabTeam@seattlechildrens.org.

Patient Information:	Full Legal Name (Last, First): DOB: MRN:
Proband kit needed?	<input type="checkbox"/> Yes Kit Type: <input type="checkbox"/> No, sample type is:
Additional kits to be sent (if applicable):	Name: DOB: Kit Type:
	Name: DOB: Kit Type:
	Name: DOB: Kit Type:
	Name: DOB: Kit Type:
Language for Care (Select):	Other Language (Specify):
Test Ordered:	
Performing Lab:	Other Lab (Specify):
Send kits to address in Epic?	<input type="checkbox"/> Yes <input type="checkbox"/> No, see alternate address below.
Alternate Address Shipping Information: (Address/Phone <u>Not</u> in Epic)	Parent/Guardian Name: Street Address: Apt, Suite, etc. (Optional): City, State, ZIP Code: Phone:
Contact for Kit Request	Name: Phone/Email:
Notes/Comments:	

This is an updated Kit Request Form. If you have any feedback on ways we can improve this form, please let us know by contacting Seattle Children’s Lab Client Services at (206) 987-2617 or LabClientServices@SeattleChildrens.org.

Kind regards,
Seattle Children’s Lab