

External Client Kit Request Form

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

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

Complete requisition (including Billing Information page) and include any relevant clinic notes and/or clinical information. Requisitions linked below.

- [Molecular and Cytogenetics Laboratory](#)
- [Molecular Genetics Laboratory VANSeq and SpotSeq](#)

Complete the following table to request a Seattle Children's assisted saliva collection kit. All fields are required to process this request efficiently.

If the patient's and/or family's language for care is not English, please select the patient's and/or family's 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 of the drop-down list.

Email completed kit request form and requisition to ReferenceLabTeam@seattlechildrens.org.

Patient Information:	Full Legal Name (Last, First): DOB: External MRN:
Language for Care (Select):	Choose an item. Other Language (Specify):
Test (See Lab Test Lookup):	
Performing Lab:	Seattle Children's Hospital
Shipping Information:	Parent/Guardian Name: Street Address: Apt, Suite, etc. (Optional): City, State, ZIP Code: Phone:
Contact for Kit Request	Name: Phone/Email:
Note/Comments:	

If you have any questions or concerns, please call Seattle Children's Lab Client Services at (206) 987-2617. Lab Client Services is available Monday through Friday 8:00 a.m. to 4:30 p.m. Voice messages will be returned in 1 business day. If you need an interpreter, call (866) 583-1527 and tell the interpreter the phone number you need.

This is a new External Client 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