

Assisted Saliva, Saliva, or Buccal Kit Send Out Form

RUSH

Total Samples for Send Out
(Per kit and sample type)

Test Ordered:			
Performing lab:			
Patient Information:	Full legal name (last, first):		
	DOB:		
	MRN:		
Patient Sample Type:			
Additional family member samples:	Name	DOB	Kit Type
	Name	DOB	Kit Type
	Name	DOB	Kit Type
	Name	DOB	Kit Type
Contact for kit request:	Name	Phone/Email	
Notes/Comments:			