

LABORATORY REQUISITION FORM

Please complete and sign all required fields

WARNING: Failure to complete form and pack your specimens correctly may invalidate your test results.

Sample Collection Date: (Example: 01/10/2017)

M	M	/	D	D	/	Y	Y	Y	Y
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Requested Lab Test: (Check box and circle sample type)

Combination Kits:

- Safe Box - GC/Chlamydia, Trich, HIV
- Uber Box - GC/Chlamydia, Trich, HIV, Herpes, Syphilis, Hep C
- Total Box - GC/Chlamydia (genital, rectal, oral), Trich, HIV, Herpes, Syphilis, Hep C, HPV, Mycoplasma / Ureaplasma

Individual Test Kits:

- GC /Chlamydia Amplified RNA Assay (Urine / Vaginal / Rectal / Oral)
- Trichomonas Vaginalis (Urine / Vaginal Swab)
- HIV
- Herpes Simplex II
- Syphilis
- Hepatitis C
- HPV - Genital (Urine / Vaginal Swab)
- Mycoplasma / Ureaplasma (Urine / Vaginal Swab)

Customer Signature: (Sign and date)

I certify all information submitted is true and correct. I understand that 'at-home' collection is considered 'off-label use'. I have followed the instructions herein correctly and accurately. The specimen collected and submitted is my own and has not been altered in any way.

Signature: _____ Date: ____/____/____
