

Customer Information: (Complete all blank fields)

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) _____

Gender (Circle one): (Male / Female)

For Internal Use Only, To Be Completed By Laboratory

RT ID #: _____

D/P ID#: _____

Kit Catalogue Number: _____

Kit Serial Number: _____

Date Kit Received: ____/____/____

Quality Control Parameters Accepted: Yes / No (If No, contact quality assurance.)

Laboratory Representative Initials: _____ Date: ____/____/____

MLB:#A000020071

PIN#:20071

Exp Date: 2018/06

