PHARMACOGENETICS SUPPLY REQUEST FORM

PROVIDER INFORMATION

Provider Name: _____ Date of Request: _____

Requested by: _____

Phone: _____ Fax: _____

Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Email for confirmations and tracking: _____

DNA TESTING

☐	DNA Requisitions	Qty. Needed: _____	☐	DNA Shipping Labels	Qty. Needed: _____
☐	DNA Collection Swab	Qty. Needed: _____	☐	Specimen Bags	Qty. Needed: _____
☐	Tubules	Qty. Needed: _____			

For anatomic pathology and non-gyn cytology supplies, please contact Josh at 903.805.9955.

GENERAL SUPPLIES

☐	Shipping Labels	Qty. Needed: _____	☐	Other: _____	Qty. Needed: _____
☐	Shipping Bags	Qty. Needed: _____	☐	Other: _____	Qty. Needed: _____
☐	Shipping Boxes	Qty. Needed: _____	☐	Other: _____	Qty. Needed: _____

SHIPPING METHOD

- ☐ Regular (5-7 Days)
- ☐ 2nd Day (2-3 Days)
- ☐ Overnight (*Note – Overnight only available if order is placed by noon day requested and supplies available. Charges may apply.)

Please send completed supply request form via fax to 903.839.2494 or via email to supplies@aalabs.com.