

Mayo Medical Laboratories
Fax Supply Order Form – No Cover Sheet Necessary
Fax to Kit Building @ 507-538-4103

Study ID: MAY04-4-01

Investigator: _____

Order Placed By: _____ Phone #: () _____

Email: _____ Fax #: () _____

<u>Type of Kits</u>	<u># of Kits Needed</u>
Kit #1 - Blood Collection Kit _____	_____
Kit #2 – Research Mucosal Biopsies Kit _____	_____
_____	_____
	Total Kits _____

Date Needed: _____
(Please be specific)

ALLOW AT LEAST TWO WEEKS TO RECEIVE THE KITS.

NOTE: Kits will be sent via FedEx® Ground at no additional cost to the participating institutions. Kits will not be sent via rush delivery service unless the participating institution provides their own FedEx® account number or alternate billing number for express service. **The study will not cover the cost for rush delivery of kits.**

Fed Ex account number (Rush deliveries only) _____

Address (kits sent to):

Questions? Contact the Biospecimen Resource Manager listed on the Protocol Resource page of the protocol.