

Biospecimen Accessioning Processing
Fax Supply Order Form – No Cover Sheet Necessary
Fax to Research Kit Building @ 507-538-4103

NOTE: Form must be either typed or printed legibly and filled out completely.
Study ID: MAY2013-02-01

Investigator: _____

Order Placed By: _____ Phone #: () _____

Email: _____ Fax #: () _____

Complete Address (kits sent to):

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.**

Date Needed: _____
(Please be specific)

Fed Ex account number (Rush deliveries only) _____

<u>Type of Kits</u>	<u># of Kits Needed</u>
MAY2013 -02-01 Baseline/Day-2 Research Kit - External Draw	_____
MAY2013 -02-01 Baseline/Day-2 Research Kit - Mayo Rochester	_____
MAY2013 -02-01 Research Kit All Other Time Points - External Draw	_____
MAY2013 -02-01 Research Kit All Other Time Points – Mayo Rochester	_____

Total Kits _____

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