

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: MAY2016-07-01

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) _____

Name of Kit	# of kits needed
MAY2016-07-01 (External Participating Sites) Baseline/Screening, Month 6	
MAY2016-07-01 External Participating Sites) Month 3	
16004011 (MCR) MAY2016-07-01 Baseline/Screen, Month6	
16004011 (MCR) MCR MAY2016-07-01 Month3	
Additional Supply	
RNALater	
Total Kit Request	

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