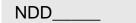


Accession Number



PROVIDER INFORMATION			
FIRST NAME MI M	LAST NAME Doe	PHONE 01234567890	EMAIL piyushtest98@gmail.com
ADDRESS 1 23 Kingsman street av	2 CITY Neva	da	Texas
PROVIDER DATE SIGNED			
PATIENT INFORMATION			
FIRST NAME Neville	LAST NAME Longbottom	DOB 1995-12	-12 PHONE 123876446
ADDRESS 118 Baker Street	Cr		STATE ZIP MS 233343
EMAIL neville.paper@test.com	GENDER Male	○ Female ET	THNICITY Hispanic/Latino Not Hispanic/Latino
RACE American Indian Alaskan Native Asian White African American Native Hawaiian Pacific Islander Other			
INFORMED CONSENT			
CONSENTING TO THIS TEST REQUIRES THAT YOU UNDERSTAND THE FOLLOWING: YOU INDEMNIFY THE ORDERING PHYSICIAN AND THE TESTING LABORATORY, YOU AGREE TO THE REPORTING OF RESULTS TO THE CLIENT LISTED ABOVE AND TO YOUR EMAIL ADDRESS, YOU AGREE TO FOLLOWUP WITH YOUR OWN PHYSICIAN WITH YOUR RESULTS, AND YOU AGREE THAT WE MAY USE YOUR SAMPLE AND THE FOLLOWING INFORMATION FOR RESEARCH PURPOSES. PROVIDING THIS EXTRA INFORMATION WILL PROVIDE SIGNIFICANT INFORMATION FOR THE DEVELOPMENT OF EFFECTIVE DIAGNOSTICS			
PLEASE SIGN BELOW IF YOU AGREE AND CONSENT:			
Patient Signature:		Pate Signed:	
FOR LAB USE ONLY			
These steps correspond to steps listed in the instruction guide. See guide for more details.			
Collection Date Collection Time			essing sample (initials)
Step 1: Time first centrifugation began am / pm			
Was brake disabled on centrifuge? Yes No			
Step 2: Transfer plasma from blood collection tube to 15mL centrifuge tube (check when complete)			
Step 3: Time second centrifugation began am / pm			
Step 4: Transfer plasma into new cryovial or centrifuge tube (check when complete)			
Step 5: If couriering sample: refrigerate samples until couriered on ice packs. If shipping sample: Recommend refrigerating sample for at least 2 hours before shipping on ice packs. (see instructions)			