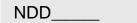


Accession Number



PROVIDER INFORMATION			
FIRST NAME John T	LAST NAME Doe	PHONE 01234567890	EMAIL citstestmail@gmail.com
ADDRESS 1 23 Elfinston street av	2 CITY Neva	ada	STATE ZIP LIS ID LISPP123
PROVIDER DATE SIGNED			
PATIENT INFORMATION			
FIRST NAME Eric	LAST NAME Rubenford	DOB 11/22/1	976 PHONE 01234567890
ADDRESS 18 Palmolive Lane		ITY levada	STATE ZIP Texas 123456
EMAIL ruben.eric@test.com	GENDER Male	○ Female	ETHNICITY Hispanic/Latino Not Hispanic/Latino
RACE O American Indian O Alaskan Native O Asian O White O African American O Native Hawaiian O Pacific Islander O 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:	l	Date Signed:	
FOR LAB USE ONLY			
These steps correspond to steps listed in the instruction guide. See guide for more details. Collection Date Tech Collecting sample (initials)			
Collection Time		Tech Pro	ocessing 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)			