

## **DVRP Saliva Sample Form**

Please complete this form and return it to Indiana University with the corresponding saliva sample. Ambient samples should be shipped **Monday** – **Thursdays only**. Please notify BioSEND ahead of shipment by emailing a copy of this form to <a href="mailto:biosend@iu.edu">biosend@iu.edu</a>.

Email: biosend@iu.edu						
From:			Site:			
Phone:			Fax:			
Email:	Date:					
Please fill in the fields below for each sample in the shipment.						
Subject ID	Sex	Kit Number	Date Collected	Date of Visit (if different)	Notes	
N. I. I			<u>l</u>	ı	I	

If you have any questions, please contact us at 1-317-278-6158 or biosend@iu.edu.

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