**NATIONAL INSTITUTES OF HEALTH**

**NATIONAL INSTITUTE OF MOLECULAR BIOLOGY AND BIOTECHNOLOGY**

**Central Research Laboratories**

University of the Philippines Manila, The Health Sciences Center

**FORM A. Sample Pick-up Form**

**Name of Institute/Facility: UP - NIH**

**Name and Number of Contact Person:**

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| **ZIPLOCK NUMBER** | **DATE COLLECTED (MM/DD/YY)** | **TIME COLLECTED (HH:MM)** | **NIH SAMPLE ID** | **SURNAME** | **FIRST NAME** | **MI** | **DATE OF BIRTH (MM/DD/YY)** | **REFERRING HOSPITAL** | **AGE** | **SEX (M/F)** | **TYPE OF SPECIMEN** | **REMARKS (INDICATE IF 1ST OR 2ND SAMPLE)** |
| ${ziplockNum} | ${dateCollected} | ${timeCollected} | ${specimenID} | ${lastName} | ${firstName} | ${middleInitial} | ${birthday} | UP NIH | ${age} | ${sex} | ${specimenType} | ${remarks} |
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