



# ANALYSIS REQUISITION AND CHAIN OF CUSTODY

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www.nmslabs.com

DO NOT WRITE IN THIS SPACE  
RESERVED FOR CLIENT LABEL  
(if needed)

Client Profile (Account #): \_\_\_\_\_ Account Name: \_\_\_\_\_

Work ID (Patient ID): \_\_\_\_\_

Sample ID (Patient Name): \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender:  Male  Female

	Collection Date (mm/dd/yyyy)	Collection Time (military)	Specimen Type (matrix)	Specimen Source (e.g. CSF, joint)
Sample A			umbilical cord tissue (UC)	umbilical cord
Sample B				
Sample C				

*If sending more than 3 samples, please include the same detail for each sample.*

Return Specimen (additional charge)

### Tests Requested:

9145UC Comprehensive Drug Screen, Umbilical Cord Tissue     
  9352UC Expanded Drug Screen, Umbilical Cord Tissue  
 9351UC Basic Drug Screen, Umbilical Cord Tissue     
  9146UC Ethyl Glucuronide Screen, Umbilical Cord Tissue

### Other Testing:

The test code and name must be entered. Requisitions submitted without a test code will cause a delay and/or may not be ordered at the time of receipt. If you need assistance, contact our Client Support department at 866.522.2206.

_____	_____	_____	_____	_____	_____
Test Code	Matrix	Test Name	Test Code	Matrix	Test Name
_____	_____	_____	_____	_____	_____
Test Code	Matrix	Test Name	Test Code	Matrix	Test Name

### Collection Instructions:

- Collect at least 6 inches of umbilical cord (approximately the length of an adult hand).
- Drain and discard any blood.
- Rinse the exterior of the cord segment with normal saline or sterile water.
- Pat the cord dry and place in container for transport.
- Store at refrigerated temperature.

**Unacceptable Specimens:** Cords soaking in blood or other fluid. Formalin-fixed tissue. Decomposed tissue. Specimens received without a cold pack.

DATE	RELINQUISHED BY	RECEIVED BY	PURPOSE OF TRANSFER

For a complete list of test offerings, visit [www.nmslabs.com](http://www.nmslabs.com)  
If you need assistance, contact us at 866.522.2206