



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
 If you need assistance, contact us at 866.522.2206