

**Mayo Medical Laboratories**  
**Fax Supply Order Form – No Cover Sheet Necessary**  
Fax to Kit Building @ 507-538-4103

**Study ID:** MAY03-1-02

Investigator: \_\_\_\_\_

Order Placed By: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

<b><u>Type of Kits</u></b>	<b><u># of Kits Needed</u></b>
Kit #1 – Blood Collection _____	_____
Kit #2 – Sputum Collection _____	_____
_____	_____
_____	_____
	<b>Total Kits</b> _____

**Date Needed:** \_\_\_\_\_  
**(Please be specific)**

**ALLOW AT LEAST TWO WEEKS TO RECEIVE THE KITS.**

**NOTE:** Kits will be sent via FedEx® Ground at no additional cost to the participating institutions. Kits will not be sent via rush delivery service unless the participating institution provides their own FedEx® account number or alternate billing number for express service. **The study will not cover the cost for rush delivery of kits.**

**Fed Ex account number (Rush deliveries only)** \_\_\_\_\_

Address (kits sent to):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions?** Contact the Biospecimen Resource Manager listed on the Protocol Resource page of the protocol.