

**Biospecimen Accessioning Processing**  
**Fax Supply Order Form – No Cover Sheet Necessary**  
Fax to Research Kit Building @ 507-538-4103  
**NOTE: Please print legibly and fill out completely.**

**Study ID: MAY06-8-01**

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

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

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

**Complete Address (kits sent to):**

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

**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.**

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

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

<b><u>Type of Kits</u></b>	<b><u># of Kits Needed</u></b>
<u>Kit #1 – Blood Kit – Prior to Reg/Random</u>	_____
<u>Kit #2 – Blood Kit - Month 6 or Early Termination</u>	_____
<u>Kit #3 – NEW MEXICO - BAL and Bronchial Brush Kit</u>	_____
<u>Kit #4 – MC ROCHESTER - BAL and Bronchial Brush Kit</u>	_____
<u>Study Start-up Kit (1 Kit - One Time ONLY)</u>	N/A
<b>Total Kits</b>	_____

**Questions?** Contact the Biospecimen Resource Manager listed on the Protocol Resource page of the protocol (507-538-7898).