

Biospecimen Accessioning and Processing
Fax Supply Order Form – No Cover Sheet Necessary

Fax to Research Kit Building @ 507-538-4103

NOTE: Form must be either typed or printed legibly and filled out completely.

Study ID: MAY10-15-03

Investigator: _____

Order Placed By: _____ Phone #: () _____

Email: _____ Fax #: () _____

Complete Shipping Address (Please include institution name):

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) _____

<u>Type of Kits</u>	<u># of Kits Needed</u>
<u>Kit #1 – Blood (Pre-Registration and Post Intervention)</u>	_____
<u>Kit #2 – Tissue (Pre-Registration and Post Intervention)</u>	_____
Total Kits	_____

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