

KIT SUPPLY FORM

INTERNAL



**Michigan Medicine
Laboratories (MLabs)**

mlabs.umich.edu
800.862.7284
FAX: 734.936.0755

SPECIMEN SHIPMENTS ONLY:

N-LNC Specimen Processing, 2800 Plymouth Rd,
Bldg 35, Ann Arbor, MI 48109-2800

Date Requested: _____

Client Code/Client Ward: _____

Client Name: _____

Client Address: _____

City _____ State _____ Zip Code _____

Contact Name: _____

Client return shipping (UPS/FedEx return label and shipping bag): UPS FedEx Courier None

Ship to Client Via: UPS Courier

MLabs staff to pick up at MCS

For clients in Michigan kits shipped via UPS will be sent via Ground.

For clients outside of Michigan send via Ground Overnight (if client requests STAT delivery)

Salesforce Case # _____

KIT SUPPLIES	Quantity
<input type="checkbox"/> Breath Kit	Box of 5
<input type="checkbox"/> Hematopathology Consult	Each
<input type="checkbox"/> (Bone Marrow Study) Kit	
<input type="checkbox"/> HPV DNA Profile Patient-Collect	Each
<input type="checkbox"/> Vaginal Swab Kit	
<input type="checkbox"/> MLabs Shipping Box	Each
<input type="checkbox"/> Molecular Diagnostics Kit	Each
<input type="checkbox"/> (blood/bone marrow)	
<input type="checkbox"/> Molecular Diagnostics Vitreous ...	Each
<input type="checkbox"/> Shipping Kit	
<input type="checkbox"/> Molecular Genetics/BRCA Kit	Each
<input type="checkbox"/> Muscle Kit (Frozen)	Each
<input type="checkbox"/> Muscle Kit (Fresh)	Each
<input type="checkbox"/> MyHPVScore Plasma Kit	Each
<input type="checkbox"/> Nerve Kit	Each
<input type="checkbox"/> QFTB Kit	Each
<input type="checkbox"/> Renal Kit	Each
<input type="checkbox"/> Slide/Block Kit	Each
<input type="checkbox"/> Special Instructions