

Specimen Information Sheets: Please cut apart to use, or make duplicate copies as needed.

Your Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Clinic Address \_\_\_\_\_  
Contact phone number \_\_\_\_\_  
Fax number \_\_\_\_\_  
Email \_\_\_\_\_  
Clinic Patient Identification Number \_\_\_\_\_  
Patient Name \_\_\_\_\_ Birthdate \_\_ \_\_/\_\_/\_\_ \_\_  
Anatomic site of specimen(s) \_\_\_\_\_  
Specimen Collected Under Direct Visualization:  yes  no  
Date of specimen collection \_\_\_\_\_

Check here if Irina Tabidze at [Irina.tabidze@cityofchicago.org](mailto:Irina.tabidze@cityofchicago.org) has been emailed specimen shipment notification. Please note only shipment information should be emailed. No PHI should be included in the email.

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