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

Clinic Name	Your Name	
Contact phone number	Clinic Address	
Car Name		
Clinic Patient Identification Number		
Clinic Patient Identification Number	Email	
Birthdate	Clinic Patient Identification Number	
Check here if Irina Tabidze at Irina.tabidze@cityofchicago.org as been emailed specimen shipment notification. Please note only shipment and should be emailed. No PHI should be included in the email. Cour Name	Patient Name	Birthdate / /
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Contact phone number	Clinic Address	
Tax number	Contact phone number	
Clinic Patient Identification Number	Fax number	
Clinic Patient Identification Number	Email	
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