

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 has been emailed specimen shipment notification. Please note only shipment information should be emailed. No PHI should be included in the email.

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 has been emailed specimen shipment notification. Please note only shipment information should be emailed. No PHI should be included in the email.

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 has been emailed specimen shipment notification. Please note only shipment information should be emailed. No PHI should be included in the email.