

RESOLUTION CENTER INTERFACE CLIENT FORM



> Complete the following information located within table below

Name of Client sending in Sample	
Account #	
Patient Name	
Date	
Name of Sender	

> Complete the following 4 items:

1. **THIS SAMPLE IS BEING SENT TO YOU FOR THE FOLLOWING REASON**
(PLEASE MARK ALL THAT APPLY)

- Additional Sample requested by PAML Client Services for the following test(s): _____

NO LABELS PRINTED:

- Please order at PAML
 Please reprint-if reprint not possible, Please contact us.
 Other-See Notes:

2. **NOTES**

3. **SPECIMEN SENT:**

(Please circle temperature)

FROZEN REFRIGERATED AMBIENT

4. **SPECIFY SPECIMEN TYPE: (serum, plasma, stool, etc.)**

SEND THIS COMPLETED FORM TO:

PAML Resolution Center

Fax #: (509) 921-0330

Phone: (509)755-8669 or (800) 541-7891(ext 8669)

To better serve you, this form must be filled out completely in order to be processed in a timely manner.