



TEST SYSTEM SHIPPING FORM

Mosaic Laboratories
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CLIA ID# 05D1059086

TO BE COMPLETED BY CLIENT:

CLIENT INFORMATION

COMPANY:	ADDRESS:
CONTACT PERSON:	
PHONE/FAX:	

SPECIMEN INVENTORY

PRODUCT NAME / IDENTITY:	DESCRIPTION:
<u>ITEMIZED LIST</u>	<u>DESCRIPTION</u>
STORAGE CONDITIONS (IF NOT OBVIOUS) AND ANY ADDITIONAL SPECIAL INSTRUCTIONS:	

TO BE COMPLETED BY MOSAIC LABORATORIES:

RECEIPT OF TEST SYSTEM

Initials, date and time must be handwritten

RECEIVED BY :	TRACKING#:
ACCESSIONED BY:	COMMENTS:
CONDITION: <input type="checkbox"/> ICE PACKS <input type="checkbox"/> ROOM TEMP <input type="checkbox"/> DRY ICE <input type="checkbox"/> WET ICE	
PROJECT #:	
MOSAIC ID:	
QC INITIALS/DATE:	

**Please ship samples to: Mosaic Laboratories, 12 Spectrum Pointe Drive, Lake Forest, CA 92630
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