mng lab medical neurogenetics
Neurogenetics Redefined

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SPECIMEN RELEASE FORM

Please fill out ALL information requested below. Incomplete or incorrect information may delay transfer of specimens. Please note there is a $50 shipping fee for frozen specimens that must be paid in advance. Please see details below. Please fax this form back to us at 678-225-0212.

Person requesting sample transfer: _____
Must be patient, parent or legal guardian of patient

_____
Street Address *Phone #* *Email Address*

Patient Name: _____ Date of Birth: _____

List all specimens that need to be transferred:

_____

_____

The address and contact info you place here is absolutely CRITICAL to maintain the integrity of your samples. Incorrect or incomplete information could lead to shipping errors which could damage these VERY SENSITIVE samples.

Send To:

_____ _____
Facility Name *Address 1*

_____ _____
Contact Name *Address 2*

_____ _____
Phone Number *City, State and Zip Code*

For: _____
(Specify the purpose of specimen send-out)

I hereby authorize Medical Neurogenetics, LLC to release the above-named specimens. I relieve Medical Neurogenetics, LLC from any liability regarding any damage or loss of the specimens during shipping and subsequent testing. I understand that there is a $50 fee to ship these frozen specimens to the above named facility. I agree to make this payment by check, by phone with a credit card at 678-225-0222 Ext. 100, or online at www.mnglab.com. **Payment must be received before sample will be sent.**

_____ _____
Signature (Patient or Legal Guardian) Date

_____ _____
Witness Signature Date