



**Sample Alert Notice**

Date: \_\_\_\_\_

**Shipping Information:**

Study #: _____
Contact Person: _____
Phone: _____
# Pages Faxed: _____
Airbill #s: _____
_____
_____

**Samples/Tests:**

Number of Samples/	Tests (circle)
____ Serum	Chemistry Panel Special Chem Tests
____ Plasma	Coag/Special Chem
____ Whole Blood	CBC/Special Chem
____ Urines	Urinalysis/Special Chem
____ Other	
<u>Special Request:</u> _____	

**Before Shipping  
Complete and FAX To:  
(919) 277-0825**

**Reports:**

<input type="checkbox"/> Standard (as applicable)	Toxicology Clinical Trial
<input type="checkbox"/> Custom (see below)	
<input type="checkbox"/> Clinical Trial with Re Range	
<input type="checkbox"/> Toxicology with Mean & SD	
<input type="checkbox"/> Excel File (Non-GLP)	
<input type="checkbox"/> Word File	
_____	
e-mail address	

**Notes/Special Request: Detail Below**

_____
_____
_____
_____
_____

\*Custom reports are available with previous arrangements only. Please contact the lab when scheduling the study.

ANTECH® Diagnostics  
600 Airport Blvd. Suite 500  
Morrisville, NC 27560  
Lab (919) 277-0822

**Final Submission** \_\_\_\_\_  
(for this study)