HNL Lab Medicine
Genomics (Cytogenetics)
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Allentown, PA 18109
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SHIPMENT PACKING SLIP

Sent From:		**Date:**
Address:		**Carrier Information:** ☐ **FedEx** ☐ **UPS** ☐ **OTHER** _____
		Tracking Number:
Phone:	**Fax:**	

PACKAGE CONTENTS

Instructions for sending facility: Please list the number of **patient samples** included in this shipment. Make one entry for each patient; indicate the type of specimen being sent as well as the quantity. Please contact HNL Genomics (Cytogenetics) at 484- 425-5840 if there are any questions regarding the completion of this form. Specimens should be refrigerated during transport (using ice packs and not ice).

Patient Name and Testing	# of BM Tubes	# of Blood Tubes	# of Tissue Tubes	# of FFPE slides	Amount & Concentration of Extracted DNA	Sender Initials