

DVRP Saliva Sample Form

Please complete this form and return it to Indiana University with the corresponding saliva sample. Ambient samples should be shipped **Monday – Thursdays only**. Please notify BioSEND ahead of shipment by emailing a copy of this form to biosend@iu.edu.

Email: biosend@iu.edu Tracking #: _____					
From: _____		Site: _____			
Phone: _____		Fax: _____			
Email: _____		Date: _____			
Please fill in the fields below for each sample in the shipment.					
Subject ID	GUID	Sex	Kit Number	Date Collected	Notes

Notes: _____

If you have any questions, please contact us at 1-317-278-6158 or biosend@iu.edu.