

Specimen Release Form

5424 Glenridge Drive NE | Atlanta, GA 30342 USA | phone: 678.225.0222 | fax: 678.225.0212 | mnglabs.labcorp.com

Please fill out **all** information requested below. Incomplete or incorrect information may delay transfer of specimens. If you have a valid FedEx Account Number, please include it below and the \$50 shipping fee will not be included. See details below. When completed, please fax or email this form back to us at 678-225-0212 or mngquickresponse@labcorp.com.

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

Street Address City State Zip Code

Phone Email

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 specimen. Incorrect or incomplete information could lead to shipping errors that could damage these VERY SENSITIVE specimens.

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

FedEx Account Number (if applicable): _____
Note: \$50 shipping fee will be waived when including a valid FedEx Account number

I hereby authorize MNG Laboratories to release the above-named specimens. I relieve MNG Laboratories from any liability regarding any damage or loss of the specimens during shipping and subsequent testing. I understand that I will be responsible for shipping fees for all specimens to the above named facility, unless I provide a valid FedEx Account Number listed above.

Signature (Patient or Legal Guardian)

Date

Witness Signature

Date