



HNL Genomics (CTGT)  
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## SHIPMENT PACKING SLIP

Sent From:		Date:	
Address:		Carrier Information:	
		<input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> 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 (CTGT) at 484- 244-2900 if there are any questions regarding the completion of this form.

Patient Name	# of Blood Tubes	# of T25 Flasks	# of Oragene Saliva Kits	Amount & Concentration of Extracted DNA	Sender Initials