



GARCIA LABORATORY

2900 SPRINGPORT ROAD JACKSON, MI 49201
PHONE (800)888-8598 FAX (517)787-1249

Unlabeled Sample Verification

I verify that the unlabeled sample(s) received belong to:

First & Last Name: _____

DOB or ID#: _____

It's okay to process the tests as ordered for this patient.

Print your Name: _____

Signature: _____

Date: _____

Additional Comments: _____

Confidentiality Statement

The information in this facsimile message is privileged and confidential information intended for the use of the addressee listed on the cover letter. If you are neither the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action from information obtained from this telecopy information is strictly prohibited.