



21601 76th Avenue West

T 425.640.4179

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**** Complete Form and return with specimens ****

- Name** _____

Date of Birth _____

Doctor _____

Collection Date _____ **Time** _____

Was Sample produced at home? Yes/No

Was Sample refrigerated? Yes/ No

Is specimen: Liquid Soft Formed

Samples Submitted: Red Vial
White Vial
Gray Container
2 Plastic containers
Clean container from home

****Keep vials out of the reach of children. If liquid is swallowed, give milk followed with a tablespoon of salt in a glass of warm water. Repeat until vomit is clear. Contact a physician or the local Poison Center immediately**