



Connective Tissue Gene Tests  
 6575 Snowdrift Road, Suite 106  
 Allentown, PA 18106  
 Phone: 484-244-2900 Fax: 484-244-2904

## 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 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