

Blood / Buccal Swab Submission Form

Submit with Samples

Simply complete the few fields on this form and send it along with the blood/buccal swab samples. Then, simply print two copies of the form. One copy is for your records and one copy should accompany the samples.

	Last Name	First Name	Date of Birth	Male / Female	Type of sample	Date of Collection
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Genetic Disorder of Concern: _____

Your Clinic Center name: _____

City, State: _____

Phone: _____

Send to: **GENOMA - Molecular Genetics Laboratory**
Via di Castel Giubileo, 11 00138 ROME – ITALY
Tel. : + 39068811270 (6 lines PBX) Fax : +390664492025