

Specimen Chain of Custody Release Request

PATIENT INFORMATION				RECIPIENT (if patient is requesting information/materials, note: self)			
Last Name	First Name	Middle Initial	Date of Birth	Last Name	First Name	Middle Initial	Title
Address				Facility Name and Address			
Email Address		Phone Number		Phone Number	Fax Number	Email Address	

MATERIAL RECEIPT/CUSTODIAN ACKNOWLEDGEMENT
<p>In the event that materials are received (DNA tubes, tissue blocks or slides, Original sample, etc.) as listed in the section below, I hereby acknowledge that I am retaining full custodian responsibilities of said materials and acknowledge that Ambry Genetics is no longer in possession of stated materials. Any further requests for the listed materials will be forwarded to me or my facility for response.</p> <p><input type="checkbox"/> DNA Tube: Sample ID: _____</p> <p><input type="checkbox"/> Number of Tubes/Containers: _____</p> <p><input type="checkbox"/> All materials relinquished (i.e. Ambry Genetics retains no further material)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name of Recipient Signatory: _____</p> <p>*Signed: _____ Date: _____</p> <p style="text-align: center;">PLEASE FAX THIS FORM TO AMBRY GENETICS UPON COMPLETION</p>