HEIRS LAB TEST REQUEST FORM

Participant ID	□□-□□-□□□□-□□ *[affix ID label here]*	Date of Visit	□□/□□/□□ Month Day Year
Acrostic	□□□□□	Completed by	□□□

Lab Specimen ID Number		Completed by	□□□

Gender

- □ Male
- □ Female

INSTRUCTIONS: Fill in requested information and check appropriate HEIRS test battery below.

Specimen Collection Information

Date Specimen Collected	□□/□□/□□ Month Day Year	Time of Specimen Collection	□□:□□	₁□ AM ₂□ PM
Hours Since Last Food		□□ hours		

₁□ **Screening Visit Battery**

  1 – EDTA purple top Vacutainer tube (10mL)

  1 – SST Vacutainer tube (10mL)

₂□ **Comprehensive Exam Battery**

  2 – EDTA purple top Vacutainer tube (10mL)

  2 – SST Vacutainer tube (10mL)

  2 – CPT Vacutainer tube (8mL)

₃□ **Family Study Battery**

  2 – EDTA purple top Vacutainer tube (10mL)

  2 – SST Vacutainer tube (10mL)

  2 – CPT Vacutainer tube (8mL)