



**BIOCHEMICAL GENETICS/CYSTINE LAB**

PEDIATRICS, CTFB BLDG., RM. 213  
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**REQUEST FOR WHITE BLOOD CELL PREPARATION KITS**

*KITS ARE SHIPPED **MONDAYS** VIA FEDEX TWO-DAY.  
 PLEASE SUBMIT REQUESTS BY THE **PREVIOUS FRIDAY** VIA EMAIL  
 (CYSTINE@UCSD.EDU) OR FAX (619-543-3565)*

<i>UCSD LAB USE ONLY</i>	<i>DATE/TIME RECEIVED:</i>
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**1. ORDERING INFORMATION**

ORDERING PHYSICIAN:	NUMBER OF KITS REQUESTED:
CONTACT NAME:	NUMBER OF CONTROLS:
CONTACT PHONE NUMBER:	DATE NEEDED (FOR OVERNIGHT SERVICE, SEE BELOW) :
PLEASE LIST PATIENTS:	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

**2. SHIPPING INFORMATION**

RECIPIENT NAME:	<b><i>FOR OVERNIGHT SERVICE, PLEASE PROVIDE FEDEX ACCOUNT NUMBER</i></b>
INSTITUTION:	FEDEX ACCOUNT NUMBER:
BUILDING/ROOM:	COMMENTS:
STREET ADDRESS:	
CITY/STATE: ZIP:	