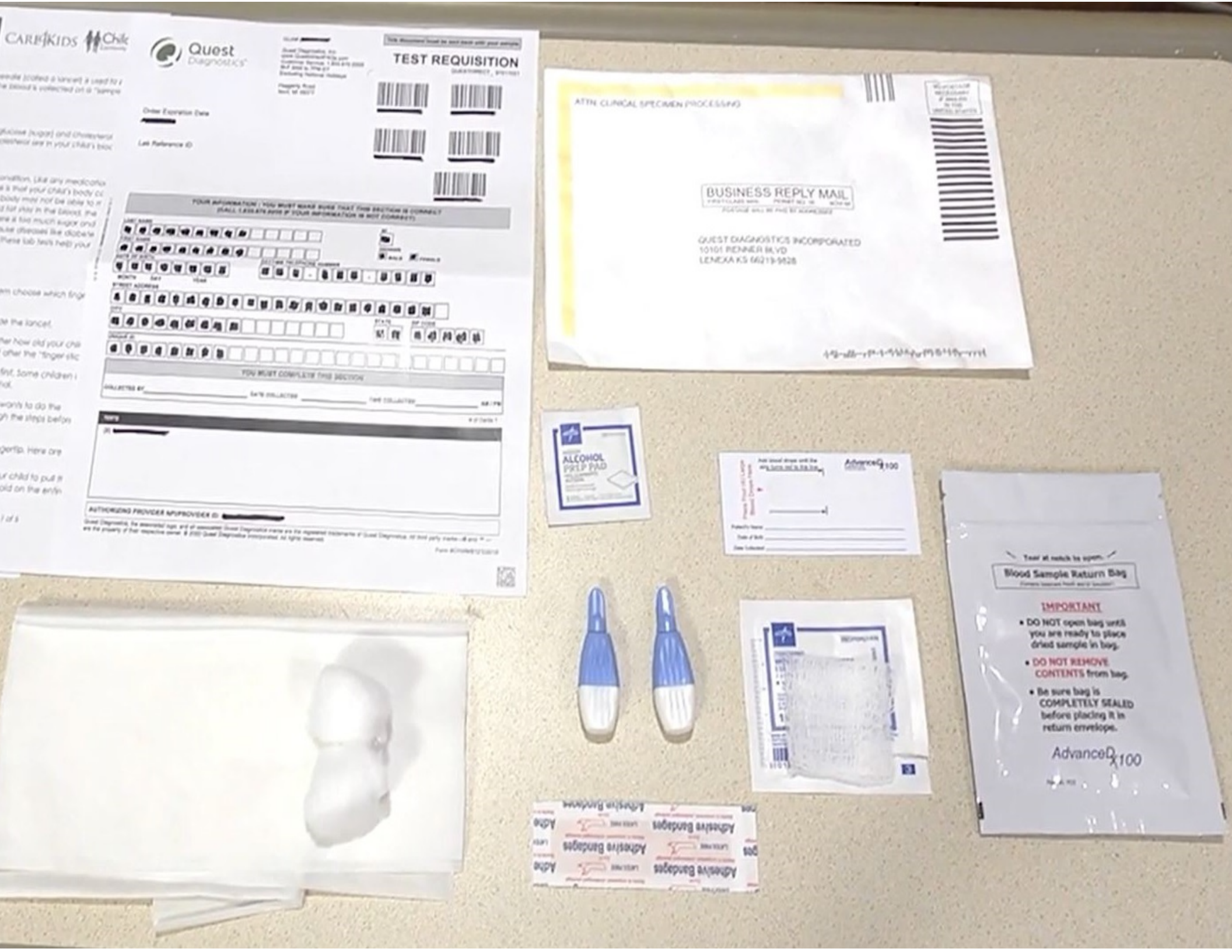
CARE4KIDS
Quest Diagnostics
TEST REQUISITION
Order Expiration Date
Lab Reference ID
YOUR INFORMATION / YOU MUST MAKE SURE THAT THIS SECTION IS CORRECT
YOU MUST COMPLETE THIS SECTION
AUTHORIZING PROVIDER NPI/PROVIDER ID
ATTN: CLINICAL SPECIMEN PROCESSING
BUSINESS REPLY MAIL
QUEST DIAGNOSTICS INCORPORATED
10101 RENNER BLVD
LENEXA KS 66219-9828
ALCOHOL PREP PAD
Blood Sample Return Bag
IMPORTANT
• DO NOT open bag until you are ready to place dried sample in bag.
• DO NOT REMOVE CONTENTS from bag.
• Be sure bag is COMPLETELY SEALED before placing it in return envelope.
AdvanceD x100
Adhesive Bandages