MEDİPOL
ISTANBUL MEDIPOL UNIVERSITY
GENETIC DISEASES ASSESSMENT CENTER

TEST REQUEST AND SAMPLE DELIVERY FORM

SENDING INSTITUTION: …… Date:……/……/……..

NO	NAME SURNAME and ID NUMBER	DATE OF BIRTH	GENDER	TEST NAME	CLINICAL INFORMATION	SAMPLE INFORMATION		
						Sample Type	Sampling Date	Sampling Time
1		……/……/……..	F ☐ M: ☐					
2		……/……/……..	F: ☐ M: ☐					
3		……/……/……..	F: ☐ M: ☐					
4		……/……/……..	F: ☐ M: ☐					
5		……/……/……..	F: ☐ M: ☐					
SENDER			COURIER			RECEIVER		

Shipment address: Istanbul Medipol University Genetic Diseases Assessment Center Kavacık District, Ekinciler Street No: 19 Beykoz 34810/Istanbul/Turkey

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