

Request for HPV, GC, and Chlamydia DNA Testing by PCR
SaneVax, Inc.; 154 Cecil Drive; Troy MT 59935

SaneVax No: _____

Date: _____

These tests must be ordered by a licensed physician. This order form must have a SaneVax No. and accompany the specimen sent to Milford Medical Laboratory.

Physician's Name: _____, _____
printed signature

Address: _____

City/State/Zip: _____

Phone: () _____ Email: _____

Patient Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Test(s) requested [X]: HPV _____ Gonorrhea (GC) _____ Chlamydia _____

All PCR positive results will be validated or genotyped by DNA sequencing.

The report of the test results will be electronically transmitted to the ordering physician, c/o SaneVax, Inc. Requests for Pap cytology service are not accepted.

Submit the specimen or its residues (at least 5% of the original collection) in a Cytoc or SurePath liquid-based cytology vial in a small zip-lock bag with this requisition in a padded envelope to:

Milford Medical Laboratory; 2044 Bridgeport Avenue; Milford, CT 06460
Tel. (203) 878-1438

Specimens without a valid SaneVax No. will not be processed.