*Oral Specimen Pick-Up Request*

To request an oral specimen pick- up, please complete the information below and email the form to:

pathpick-up@uthscsa.edu

Service Requested: [ ] Fed‐Ex label [ ] Courier pick‐up

**Client Information (required)**

|  |  |
| --- | --- |
| Date: | Client Name: (Full Name) |
| Client Address (Street, City, State, Zip) |
| Requested by: (Full Name) | Phone# | Email  |
| Hours of Operation | Special Instructions (i.e., closed for lunch 12:00-1:00 pm) |

**Note:**

\*Any local pick‐up request made before 12:30 pm will be picked up before the end of the current business day.

\*Any local pick‐up request made after 1:00 pm will be scheduled for the following business day.

\*Fed ex label request cut off time is 3:00 pm (labels will be issued at approximately 10:30 am, 1:30 pm and 3:30 pm).