

## 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](mailto:pathpick-up@uthscsa.edu)

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Service Requested:       Fed-Ex label                       Courier pick-up

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**Client Information (required)**

Date:	Clinician's Name: (Full Name)	
Clinician's 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)	

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**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).