**Hospital Contact Sheet**

Prior to submission of samples, please send names, phone numbers, and emails for the following individuals:

1. Project contact/program manager
2. Project genetic counselor
3. Hospital laboratory staff assisting with specimen collection and sample send-out
4. Ordering physicians
5. On-call number, main unit number or primary contact for reporting preliminary results that have immediate management implications for patient
6. Shipping address for kits
7. Billing address for invoicing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Position/Title | Email | Work number | Cell number | Pager number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |