



# FRM-CA 5 Courier Request

Please fill in all sections below and email completed form to [GPHLCOVIDResponse@gets.onmicrosoft.com](mailto:GPHLCOVIDResponse@gets.onmicrosoft.com)

Submitter Name: \_\_\_\_\_ Date : \_\_\_\_\_

Submitter Pickup Location: \_\_\_\_\_

Delivery Location:  Georgia Public Health Laboratory  
 1749 Clairmont Road  
 Decatur, GA 30033

Waycross Public Health Laboratory  
 Gus Carle Parkway  
 Waycross, Ga 31503

### Pick Up Information

Pickup Status:	<input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Will-Call (desired delivery date/time): _____
Requested Date of Pickup:	# of Specimens to ship to GPL:
	# of Specimens to ship to WPHL:
Is Dry Ice needed for Transport (frozen specimens)?: Yes / <input type="checkbox"/> No	

\*\*\*\*\*For Laboratory Use Only\*\*\*\*\*

Date or request Receipt: \_\_\_\_\_ Received By: \_\_\_\_\_

Courier Requested on: \_\_\_\_\_ Requested by: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_