FRM-CA 5 Courier Request

Please fill in all sections below and email completed form to:
GPHLcourier@dph.ga.gov

Submitter Name:_____ Date : _____

Submitter Facility: _____

Submitter address: _____

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 ☐ New ☐ Routine ☐ STAT

Specimen type:	Test requested:
Requested Date of Pickup:	#of Specimens to ship to GPHL:
	#of Specimens to ship to WPHL:
Is Dry Ice needed for Transport?: ☐ Yes ☐ No	

Justification:

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

Date of request Receipt: _____ Received By: _____

Courier Requested on: _____ Requested by: _____

Confirmation Number: _____