

Specimen Kit Shipping Information

Contact Name: _____

Site Name: _____

Site Shipping Address: _____
(No P.O. Boxes)

Phone Number: _____

Site Fax Number: _____

The initial IRB Approval letter must be sent to Abbie Beltz, lab staff and the Research Base Protocol Information Office **before** your first patient can be registered to this study.

Please fax the Specimen Kit Shipping Information form along with your initial IRB approval to **both of** the following:

- 1) Abbie Beltz**
Fax: (336) 716-3356

Wake Forest University Health Sciences
Infectious Diseases Section, 3rd Floor Grey Building
Medical Center Boulevard
Winston-Salem, NC 27157-1042
Phone: (336) 716-9134

And

- 2) Research Base Protocol Information Office**
Fax: (336) 716-6275

Comprehensive Cancer Center of Wake Forest University
CCOP Research Base
2000 West First Street, Suite 401
Winston-Salem, NC 27104
Phone: (336) 716-0891