

MARCAL MEDICAL SALIVA / ORAL FLUID

Directions for use:

1. Fill out the Donor collection form



MarCal Medical, Inc.
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Baltimore, MD 21202
Tel: 410-528-1100
www.marcalmedical.com

Oral Fluid (Saliva) Test Request Form

849-000 Each Test Full Panel HIV Syphilis Chlamydia Gonorrhea

Donor Name: Sara Doe
Address: 123 Main Street
Emerald City 02 12345

I certify that I am a legal resident of the United States and that I am at least 18 years old at the time of collection.
I understand that the collection and testing of my sample is at the discretion of the lab and that I agree to the terms and conditions of the lab's privacy policy.
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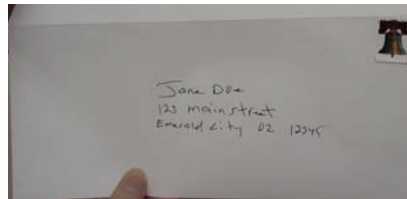
Donor Signature: Sara Doe Date: 12/1/2020
Print or Stamped Identification: 160 Oral Fluid Test number: 100

Four results pending typically. * In 12 days after the lab has received your test sample
Lab may notify you via text or Email. You must
1-800-528-1100

I certify that the information provided with this form has not been used and I have the same identification number on this form.
Signature: _____ Date: _____
Print name: _____ Print title: _____

All Customer and Donor Information with Signature must be completed in order for test to be performed.

2. Verify your address is correct on the stamped envelope included in this kit.
(this is the envelope the lab will use to mail your results back to you.)



3. Peel open the pad package and remove the collector



4. Place the collector under the tongue and close mouth. When the indicator window turns blue, remove the collector from the mouth.



5. Leave the applicator in the mouth until the indicator turns blue.



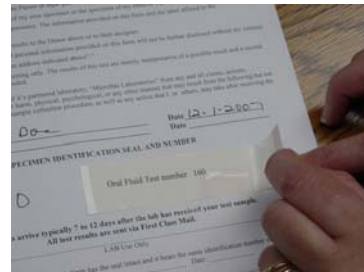
6. Uncap the transport tube in the upright position to prevent the solution in the tube from spilling. Insert the applicator into the tube



7. Snap the Red Cap firmly on the end of the tube.



8. Peel the Seal off the Donor form



9. Place the seal provided on your donor form over the red cap



10 Write down the number on your form for future reference. This number can be used when speaking with the laboratory concerning your results.

11..Place the Donor form, the sealed container with your saliva sample and the envelope in the already addressed and stamped mailing bag that is included in your kit.

The mailing bag already has the necessary postage. You simply drop the sealed bag at the Post Office, or any Post Office drop off box.

You will receive your results within 7 to 10 business days.



If you have any questions on the use of this product, please call our help line

at:

410-987-4001 or
1-800-628-9214*.

Or email us at:

customerservice@marcalmedical.com

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