Patient Form

Biotia

Test Registration

Specimen Type: Urine

Test Type: BIOTIA-ID Urine NGS Assay

Collection Date: _____

Collection Time: _____

Collector Name: Self-collection

Patient Information

Email: _____

First Name: _____

Middle Name (if applicable): _____

Last Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone Number: _____

Street Address: _____

City, State, Postal Code: _____