

For test CS3 - Mucosal Swab**Date Collected** _____**Write your name and date of birth on all vials and on front of form.****Swab** If you are performing a swab collection for CS3, collect swab samples on the same day as other samples and return all samples together.**Throat:** Carefully guide cotton swab all the way back into throat and swab gently.**Vaginal:** Gently insert the cotton swab 2-3 inches and rotate.

Place swab in receptacle according to instructions on swab package.

Follow shipping instructions below.

Location Swabbed: Throat _____ Vagina _____ Other _____**Date Mailed** _____**STORAGE & SHIPPING INSTRUCTIONS FOR ALL SPECIMENS**

- ☐ Ship samples on same day as last sample collection (preferred). If not, refrigerate samples; ship within 3 days.
- ☐ Write name, address, date of birth, and collection date on the order form.
- ☐ Write name and date of birth on all vials.
- ☐ Be sure required test orders are marked on the order form. If not, please contact your provider for test orders.
- ☐ Include payment check or credit card information. We do not accept cash.
- ☐ Place vials, order form, and payment into kit box.
- ☐ **US Domestic:** Tuck front flap into box and seal with shipping label (included in box). Place label within dashed lines and adhere over front edge of box. Drop off test kit with the carrier indicated on the return shipping label.
- ☐ **International:** delivery charges will apply. Deliveries can be made Monday through Friday via a private courier of your choice.