**HDI Laboratory, UNMC**

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**Tissue Identification/ verification Testing**

**University of Nebraska Medical Center**

**Jesse Cox; ECI 6004**

**601 South Saddlecreek Road**

**Omaha, NE 68106**

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| **RESULTS CONTACT** | **INVOICE/BILLING CONTACT** |
| **Name of requestor:** | **Name:** |
| **Address to send report:** | **Address:** |
| **Phone number:** | **Phone Number:** |
| **Email:** | **Email:** |

**Instructions regarding testing/ comparisons:**

**Questioned Samples:**

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| --- | --- | --- |
| **Sample Name** | **Tissue/Source** | **Preserve or Consume sample?** |
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**Known/ Reference Samples:**

|  |  |  |
| --- | --- | --- |
| **Sample Name** | **Tissue/Source** | **Preserve or Consume sample?** |
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**If you have any questions, please contact the lab at (402) 559-7220. Thank you!**