



TESTING LAB RESULTS REPORT AGREEMENT FORM

Please Print

Send copy to BBPSP Attn: T.Soll Fax:780-401-3067
Keep original on file in Lab.

General Information

Name of Investigator: _____

Clinic/Lab Name: _____

Type of Testing: _____

Date Samples Sent: _____

Date Samples Received: _____

Reporting of results will occur within 24 weeks upon receipt of samples.

Acceptable

Extension Required

Proposed date of results reporting

Please state reasons for extension: _____

**** BBPSP will call you one month prior to proposed date as a reminder**

Signature

Date:

BBPSP (do not write in this area)

FOLLOW-UP 30 DAYS PRIOR TO REPORTING DEADLINE

Extension required New Date: _____

Notes: _____

Printed Name

Date

Signature