



Donor Information Form

To set up FDA donor screening you must send UNILAB the requisition and donor information.

Fill out information below and email it to support@unilabhealth.com or fax to 954-797-9494.

Office Information:

Request Date: _____

Account #: _____

Account Name: _____

Person Requesting: _____

Donor Information: (NO P.O. BOX)

Name: _____

Date of Birth: _____

Cell Phone: (_____) _____

Email: _____

Address: _____

City: _____ *State* _____ *Zip* _____

Mark which testing kit your donor needs:

- () FDA Male Donor
- () FDA Female Donor
- () AMH
- () Other (specify in notes)

Notes: _____

If you should have any additional questions, please do not hesitate to contact UNILAB at (833) 4UNILAB or email support@unilabhealth.com for assistance. Thank you!