



2145 W. Davie Blvd Suite #106

Ft. Lauderdale, FL. 33312

www.infertilitylab.com

TOLL FREE: 877-522-5678

OFFICE: 954-792-7422

FAX: 954-797-9494

Referring Facility:

The information below is the draw facility we have located in your area. You are responsible for calling this facility and getting your blood drawn when you have been advised to do so.

Name: _____

Address: _____ Suite / Bldg. # _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Hours: M – F (_____ am) to (_____ pm)

Allow Walk-ins: (YES) _____ (NO) _____

Take Appointments: (YES) _____ (NO) _____

FedEx Drop off Box: _____ (YES) _____ (NO)

Draw Fee: \$ _____

NOTES: _____

**** Please call referring facility to schedule an appointment and verify that information above is accurate****

Questions? Contact UNILAB at 877-522-5678 or lab@infertilitylab.com

OFFICE USE ONLY: Check if complete: Facility Search Complete: _____ USPS: _____

Letter: _____ Kit(s): _____ FedEx Return Slip & Pack: _____

FedEx Tracking Number: _____

Donor Name: _____ Completed by: _____