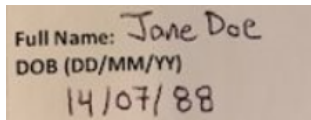


Drop Off Your Sample Here!

*For sample to be processed,
you MUST include:*



Saliva Sample



Label with **Legal Name**
and **Date of Birth**

Completed Requisition



SickKids®