

Chemical Neuropathology Consult



REQUEST

Specimen Kit

Name: _____

Affiliation: _____

Street Address: _____

Phone #: _____

Fedex Account #: _____

Please send kit by **Regular Mail** **Fedex**

Email your request to: mbasile@med.miami.edu

To speak to a Representative: 1-800-UM-BRAIN(862-7246)