



**Q Squared Solutions
E-Mail and Fax Notification of Shipment**

*****Notification Process:**

1. Please send an e-mail to : **CTTeterboro@questdiagnostics.com**
2. Please fax this form to (201) 462-4772

Date: _____
From: **INAME**
Acct: **ACCTNUM** Req: **REQNUM**
Investigator Phone: **APHONE**

1. **E-mail to : CTTeterboro@questdiagnostics.com**

Please provide the following information in the e-mail:

1. Alliance_PT_ID#:
2. Initials:
3. Fed-Ex Air Waybill #: _____
4. Protocol number: A031501/MK-3475-123
5. Study ID: 6V7

2. **Information for faxing this form with the above information completed:**

Fax (201) 462-4772
Attn: Ronald D. Luff, MD, MPH
Director Anatomic Pathology for Clinical Trials
Quest Diagnostics

A Shipment will be sent today for:

Protocol: A031501/MK-3475-123
Study ID: 6V7
Attention: Clinical Trials Department
Address: Quest Diagnostics
One Malcolm Plaza
Teterboro, NJ 07608-1011

Fax Prepared By: _____ Date: _____
Initials

Internal Use Only

Date Delivered: _____
Name of Recipient: _____
Fax received from recipient:
Yes No
Tracker Initials: _____
Date: _____

Address of Sender:

Number and Street Address

Suite Number

City, State

Zip Code

Email Address

Phone number

Name of POC