



**STATE OF MARYLAND  
SPECIMEN COLLECTION REQUEST FORM**

Request RCVD: \_\_\_\_\_ (scheduler) *internal use*

Agency Name:		Agency Code: (xx.xx.xx) 6-digit
Collection Site Name:		Site Code:
Collection Site Address:		
Preferred Date	Preferred Time	Number of Employees
<b>Only select Regular or Block Time Collections NOT both</b>		
<input type="checkbox"/> 1st option  _____ (DATE)	<input type="checkbox"/> AM <input type="checkbox"/> PM  _____ (TIME)	<b>Regular Collections:</b> (estimated) <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-9 <input type="checkbox"/> 10+  <b>Block Time Collections:</b> <input type="checkbox"/> 4 hours (25 max EMPLOYEES) QTY: _____ <input type="checkbox"/> 8 hours (50 max EMPLOYEES) QTY: _____ <input type="checkbox"/> DPSCS (additional 60 minutes) QTY: _____ <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">             additional 60 minutes/REQUIRES 24-hour notice           </div> <span style="color: red; font-weight: bold;">cancellations must be provided 24-hours of confirmed schedule date</span>
<input type="checkbox"/> 2 <sup>nd</sup> option  _____ (DATE)	<input type="checkbox"/> AM <input type="checkbox"/> PM  _____ (TIME)	

ATR:	DATE SUBMITTED:
EMAIL:	PHONE:
ATR'S SIGNATURE:	FAX:

**Progressive Phlebotomy Services, LLC**  
Monday – Friday (8am to 5pm)

**Contact: Dominique Purvis**

**Office:** (240) 825-3133 **Fax:** (800) 943-2987

**Email:** [scheduling@prophhs.com](mailto:scheduling@prophhs.com)

**After Hours/Emergency:** (240) 204-8177

Do Not Record In This Box: (internal use only)

**Schedule Confirmation:**

**Date:**

**Time:**

**SCHEDULER SIGNATURE:**