



## STUDIES REQUEST FORM

I, \_\_\_\_\_ would like to request a copy of studies from RST-SANEXAS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**\*\* Be advised the studies will be emailed to you in the form of a Dropbox link and password for entry.**

Email: \_\_\_\_\_

**\*\* By signing below, I understand that I am confirming I am requesting studies involving neoGEN technology and that I will not receive that prior to the return of this form by one of the options below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* By typing my name into the fillable signature space, I acknowledge and confirm that this acts as my formal signature and RST-SANEXAS will accept it as such.**

**Please complete, sign and return to  
RST-SANEXAS**

**FAX : 866-645-6393**

**Email: [info@rstsanexas.com](mailto:info@rstsanexas.com)**