



FidaLab/Briway Seattle, Inc.

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ORAL RINSE REQUISITION

1. COLLECTION INFORMATION

Collection Date

____ / ____ / ____

Performing Clinician

2. PATIENT INFORMATION

Last Name

First Name

DOB

Gender

____ / ____ / ____

☐ Male

☐ Female

Patient to receive report by

E-mail

☐ Mail

☐ E-mail

Mailing Address

APT#

City

State

Zip

Note: Test additions are available for up to 30 days after sample collection.

☐ Oral HPV

☐ Candida spp

☐ Periodontal Bacteria

☐ Herpesviruses

☐ Cariogenic Bacteria

☐ Oral STD