



**Robin LaCross, HHP    Phone: (520) 505-1920    support@holisticsexed.com**

**Patient Information**

NAME: \_\_\_\_\_ GENDER: \_\_\_ FEMALE \_\_\_ MALE

SHIPPING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please mark Test and Body Site(s) to be tested.

**High Risk HPV with Full Genotyping** **\$149 / site**  
\_\_\_ Vaginal \_\_\_ Penile \_\_\_ Anal \_\_\_ Oral

**STD Panel** **\$140 / site**  
High Risk HPV\*, Chlamydia / Gonorrhea, Herpes Virus I & II  
\_\_\_ Vaginal \_\_\_ Penile \_\_\_ Anal \_\_\_ Oral  
\*Optional Full Genotyping Add-on + **\$50**: \_\_\_ **YES** \_\_\_ **NO**

**Vaginal Discharge Panel** **\$89**  
Bacterial Vaginosis, Candida (Yeast), Trichomonas

Payment is required once kit is received.

**Instructions: Save this document to your computer. Then open and fill in all appropriate fields, save and close the document. Once complete, please email to [orders@selfcollect.com](mailto:orders@selfcollect.com) or fax to (510) 662-5240.**