RSM—Bulk Shipment Request Form

This form is a request for RSM Diagnostics Lab to ship a bulk quantity of test collection kits directly to your practice or facility, for you to keep on hand and distribute to patients in person at the time of their visit.

Each kit includes a blank Test Requisition Form (TRF). We recommend opening the kit with the patient at the time of the visit and completing the portions of the TRF that require practice/facility information, provider information, test order selection, and diagnosis codes together before the patient leaves. Send the patient home with the kit and the remaining TRF sections for them to complete on their own.

Combined, your request should **not exceed 30 kits total across both kit types.**
This cap isn't about cost, supply, or shipping limits on our end, it's because kits carry an expiration date, and a large in-office backlog increases the chance some sit unused past that date.
Always check the expiration date on a kit before pulling it from inventory or handing it to a patient.

If you'd rather have RSM ship a kit straight to a patient's home instead of keeping stock in-office, we recommend placing that as a drop shipment through RSM's KOLIMS Provider Portal at **app.kolims.com.**
If you need guidance, onboarding, or a walkthrough for the KOLIMS Provider Portal, contact RSM Diagnostics Lab at **302-592-4106** or **info@rsmdiagnosticslab.com.**

RSM Diagnostics Lab does not offer services in New York or California. RSM will not accept, perform, process, ship, deliver, bill, or receive testing associated in any manner with either state, including any specimen collected in, shipped from, shipped to, routed through, or otherwise connected to either state, or any account, practice, provider, or facility located in or operating from either state.

The practice or facility's primary KOLIMS administrator email address is required below to support response editing, follow-up communication, and order coordination.

Complete all required fields accurately, as incomplete or inconsistent information may delay kit shipment.

By submitting this form, you confirm that you are authorized to submit this request on behalf of the practice or facility. RSM's separate contractual terms, privacy notices, and regulatory obligations govern laboratory services and data handling. This form does not modify those terms.

Select **Next** to continue.

* Indicates required question

1. Email *

RSM Diagnostics Lab

Contact Information

RSM Diagnostics Lab LLC

2500 Grubb Rd, Suite 120
Wilmington, DE 19810

- Email: **info@rsmdiagnosticslab.com**
- Website: **www.rsmdiagnosticslab.com**
- Phone: **302-592-4106** (Mon-Fri 8:30am-4:30pm)
- Fax: **877-366-4706**

2. **Practice / Facility Name*** *

Enter the practice or facility name exactly as it appears in the RSM account and KOLIMS portal.

Select Your Kits*

Combined, your request should **not exceed 30 kits total across both kit types.**
This cap isn't about cost, supply, or shipping limits on our end, it's because kits carry an expiration date, and a large in-office backlog increases the chance some sit unused past that date.
Always check the expiration date on a kit before pulling it from inventory or handing it to a patient.

3. **Number of Stool Collection Kits*** *

Enter the quantity needed. Must be a whole number between 0 and 30.

4. **Number of Upper Respiratory Swab Collection Kits*** *

Enter the quantity needed. Must be a whole number between 0 and 30.

REVIEW, AUTHORIZE, & CERTIFY PRELIMINARY ATTESTATION

5. **Name of Individual Completing This Form*** *

Enter your full name. You must be an authorized representative submitting this request on the practice / facility's behalf.

6. **Submission Authority*** *

Mark only one oval.

- [ ] I am authorized by the practice / facility to submit this request on the practice / facility's behalf.

Preliminary Attestation Statement*

By submitting this request, I confirm that the information provided above is accurate and that this bulk shipment request is being made on behalf of the practice or facility identified above. I understand this form is a request for RSM Diagnostics Lab to ship a bulk quantity of test collection kits, each including a blank Test Requisition Form (TRF), to be kept on hand at the practice or facility and distributed to patients in person, and that this form does not constitute a completed laboratory order for any individual patient.

I understand that RSM Diagnostics Lab will not process, accession, or perform any test until the completed and signed TRF included with a kit is returned with the specimen for the patient it was used for. I understand that the returned TRF, not this form, is the operative document establishing medical necessity, patient consent, and the ordering provider's certification and authorization to order the selected test(s) for that patient.

7. **Do you certify that you have read, understand, and agree to the statement above, and that the information provided in this request is accurate to the best of your knowledge?** *

Mark only one oval.

- [ ] I certify that I have read, understand, and agree to the statement above, and that the information provided in this request is accurate to the best of my knowledge.

Submission*

Read and acknowledge the Administrative, Privacy, and Compliance Notice below before submitting.*

Administrative, Privacy, and Compliance Notice*

This form is a request to ship a bulk quantity of RSM Diagnostics Lab test collection kits, each including a blank Test Requisition Form (TRF), to the identified practice or facility for in-office use. This form is not a laboratory order, does not identify any individual patient, and does not initiate specimen testing for any patient. RSM Diagnostics Lab will not accession, process, or perform any test until the completed and signed TRF included with a kit is returned with a specimen for a specific patient. The returned, signed TRF for that patient, not this form, is the operative document for purposes of medical necessity, patient consent, and ordering provider certification and authorization.

New York and California. RSM Diagnostics Lab does not offer services in either state. RSM will not accept, perform, process, ship, deliver, bill, or receive testing associated in any manner with New York or California, including any specimen collected in, shipped from, shipped to, routed through, or otherwise connected to either state, or any account, practice, provider, or facility located in or operating from either state.

This form does not request or contain patient-identifying information or protected health information (PHI). It is used solely to coordinate shipment of blank collection kit supply to your practice or facility. Any PHI associated with a specific patient's testing is collected separately, on the TRF returned with that patient's specimen, and is handled under RSM's separate HIPAA privacy and security policies.

By submitting this form, you confirm that:

- You are an authorized representative of an existing RSM Diagnostics Lab account and are permitted to submit this bulk kit request on behalf of the identified practice or facility.
- All information provided above is accurate and complete to the best of your knowledge.
- Your practice or facility will store the requested kits appropriately, monitor kit expiration dates, and follow standard TRF and ordering procedures for any patient to whom a kit is later distributed.
- Submission of this form is a request for kit supply only. It does not itself identify or authorize testing for any patient, and does not guarantee kit availability, shipment timing, or delivery quantity.

RSM Diagnostics Lab maintains separate CLIA certification, laboratory quality procedures, HIPAA privacy and security policies, and billing and compliance procedures governing test performance, PHI handling, and claims submission for any test later ordered using a kit distributed through this request. This form and this notice support administrative intake for bulk kit supply only and do not modify, limit, or substitute for those separate policies, RSM's Notice of Privacy Practices, or any provider or facility services agreement.

RSM Diagnostics Lab reserves the right to decline, delay, or request clarification of any request submitted through this form where information is incomplete, inconsistent, unauthorized, or insufficient to support fulfillment of this request.

8. **Did you read and acknowledge the Administrative, Privacy, and Compliance Notice above?** *

Mark only one oval.

- ( ) I have read and acknowledge the Administrative, Privacy, and Compliance Notice above.

9. Additional Questions, Comments, Concerns, or Notes (optional)

This field is optional.
Use this space to share any additional information, questions, comments, concerns, or notes you would like RSM to know.

RSM Diagnostics Lab

Contact Information

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